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ABSTRACT

The guide describes for colleges and universities how to establish and conduct a program of continuous improvement of administrative operations. An objective appraisal-review process is described that relies on mobilizing the pool of managerial and analytical talent already existing at every institution. For decisionmakers, an overview of management appraisal principles and a model structure for such programs is presented. Practitioners are given detailed steps for conducting reviews of operations and comprehensive checklists covering general management and twelve specific functional areas common to campuses. Adaptability and flexibility are stressed. A chapter is devoted to how to establish a management appraisal program in multicampus systems. Examples are included from experiences in conducting appraisal reviews of operations at nine campuses of the University of California over four years. (Editor/MSE)

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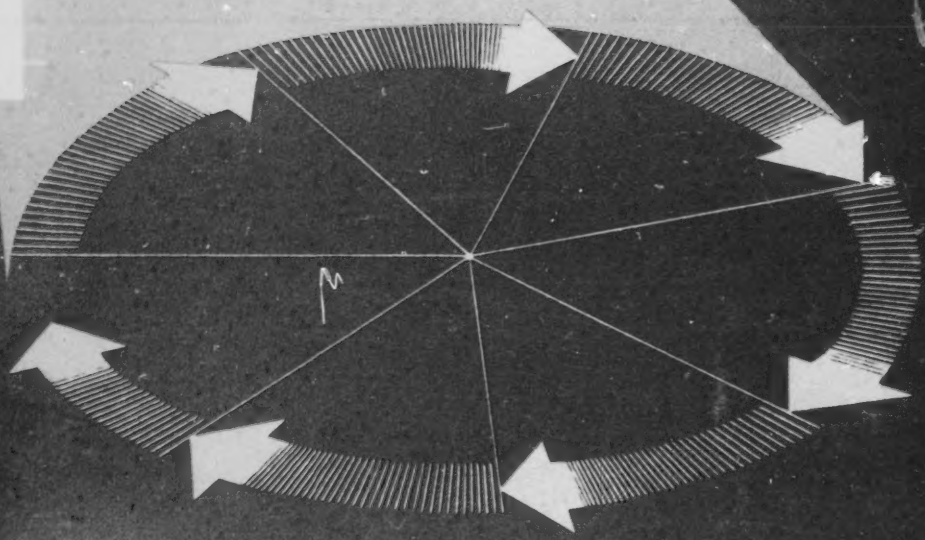
APPRAISING ADMINISTRATIVE OPERATIONS:

A GUIDE FOR UNIVERSITIES AND COLLEGES



GERALD GRIFFIN
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NATIONAL INSTITUTE OF EDUCATION

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The increasing squeeze on support dollars for higher education makes it imperative that institutions maximize output from resources committed to administration. This volume describes specifically for universities and colleges how to establish and conduct a program of continuous improvement of administrative operations.

The keynote of the *Guide* is usefulness. It describes an objective appraisal review process which relies on mobilizing the pool of managerial and analytical talent already existing at every institution. For decision-makers, an overview of management appraisal principles and a model structure for Management Appraisal Programs is presented. Practitioners are given detailed "how-to" steps for conducting reviews of operations and comprehensive checklists (*Guidelines*) covering general management and twelve specific functional areas common to campuses. Adaptability and flexibility are stressed. A chapter is devoted to how to establish the program in multi-campus systems. This *Guide* should prove valuable to top institutional officials, to chairpersons and managers of departments and institutes, and to anyone interested in appraising an organization for self-improvement.

Examples are included from experiences in conducting appraisal reviews of operations at the nine campuses of the University of California over a period of four years.

Appraising operations can result not only in dollar savings, but in better service to faculty and students, and enhanced institutional and managerial accountability.

The Authors

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APPRAISING ADMINISTRATIVE OPERATIONS: *A Guide for Universities and Colleges*

GERALD GRIFFIN
DAVID P. BURKS

UNIVERSITY OF CALIFORNIA
SYSTEMWIDE ADMINISTRATION, BERKELEY
1976

To Jim Bannerman and
Norm Gross, who started
the ball rolling

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Contents

PREFACE vii
Scope and Format
Acknowledgments

PART I: THE FRAMEWORK FOR APPRAISAL

1. The Nature and Role of Management Appraisal in a University Environment 3
Management Appraisal
Purpose
The Need for Appraisal
MAP for Colleges and Universities
Underlying Assumptions

2. The Management Appraisal Program: A Comprehensive Overview 10
Components of a Model MAP Organization
Summary of MAP Operations
Typical Benefits of a MAP Review
Overall and Specific MAP Objectives
What MAP Is Not
Getting a Program off the Ground

PART II: THE MAP STRUCTURE

3. MAP Organizational Responsibilities 23
Chief Executive
MAP Coordinator
Steering Committee

Program Staff
Review Teams
Line Managers
Supervising Executive

4. The MAP Operations Cycle 29

Summary of Phases in the Cycle
Phases, Steps, and Functional Responsibilities
Conclusion

PART III: PUTTING APPRAISAL INTO PRACTICE

5. Readying the Review 41

Phase I: Establish Priorities and Schedule Reviews
Phase II: Define and Organize the Review
Phase III: Form the Review Team

6. Performing the Review 61

Phase IV: Perform the Review
The Review Team's Role and Functions
Some Critical Points

7. Formulating, Reporting, and Implementing Recommendations 69

Phase V: Prepare the Report
Phase VI: Management Action
Phase VII: Assure Results
Conclusion

8. Special Considerations for Multi-Campus Systems and a Note for Smaller Institutions 85

Introduction
Role of the Statewide Office
Preliminary Preparations
Organizing the System Framework
Pilot Operations and the Model Campus Operating Plan
Campus Reports to the Statewide Office and Statewide Action
Reviews in the Statewide Office and Coordinated Reviews
Smaller Institutions

PART IV: THE GUIDELINES

9. Using the *Guidelines* 101

Concepts and Principles

The General Management *Section*
The Make-up of a Guidelines *Section*
Major Parts of a Section
Getting the Guidelines *Ready for Institutional Use*
How to Use the Guidelines
How the Guidelines *Developed*
Criteria for Questions

THE GUIDELINES

The General Management of an Organization 111
Contract and Grant Administration 117
Environmental Health, Safety and Risk Management 123
Facilities Management 129
Financial Management 134
Institutional Planning and Budgeting 140
Materiel Management 143
Personnel Management 147
Public Safety and Campus Security 152
Registrar 158
Student Financial Aid Administration 162
Student Health Services 170
Undergraduate Admissions 174

BIBLIOGRAPHY 179

FIGURES

FIGURE	
2.1. Model MAP Organizational Chart.	11
2.2. Typical Campus Officials for MAP, and Projected Time Commitments.	12
4.1. MAP Review Participants.	30
4.2. Relationships in the MAP Review Cycle.	36
5.1. The MAP Review Cycle.	42
8.1. Major Components of the Statewide Framework.	90

EXHIBITS

EXHIBIT	
5.1. Scope of Review: Student Health Services.	49–51
5.2. Tentative Schedule: Student Health Services.	51
5.3. Briefing Session Checklist.	58–59
6.1. Topical Checklist for Review Team.	63–64
7.1. Excerpts from a Review Critique.	79–80

Preface

Scope and Format

This volume stems from the conviction that institutions of higher education can derive significant benefits from objective and timely reviews of their administrative operations.

In order to help achieve this overall objective, the authors designed the *Guide* with the following specific purposes in mind:

—to describe a systematic appraisal process which could be used by any university or college to review its administrative operations;

—to outline a working plan for appraisal which relies on existing campus personnel resources;

—to provide adaptable guidelines to help a campus measure the performance of a range of its administrative operations;

—to indicate alternative procedures and techniques at various stages of the process;

—to share our experiences so that others might have the benefit of our trials, errors and successes.

This work draws freely on the experience of the Quality of Management Program initiated at the University of California. The model process described here crystallized in pilot operations undertaken in 1972 at the University's San Diego campus and later at the Santa Barbara campus. Many of the specific operating concepts described herein had their genesis in those settings. Since 1973 the program has been conducted at each of the nine University campuses under a systemwide framework.

Some of the initial design materials were borrowed from the Department of Health, Education and Welfare's short-lived "Quality of Grantee Management Program," which was developed to encourage grantee organizations to assess the strength of their own business management systems and to determine where improvements were needed. The impetus to codify for general institutional use the procedures and materials generated from the University of California's Quality of Management Program resulted from the receipt of a grant from the National Science Foundation in July, 1973. This *Guide* reflects a critical analysis of the effectiveness of techniques used at the various campuses of the University of California, and of the processes and experiences which grew out of the conduct of more than thirty separate reviews of administrative operations.

It is important to understand that the activities outlined here are only one arrow in the quiver of an institution's overall appraisal and improvement effort. This approach is not intended to diminish the role of existing managerial training, auditing or assistance techniques. Rather, it is intended to supplement or complement other programs which a campus might be conducting concurrently, e.g., managerial development, management advisory services, program budgeting, and programs of internal audit.

All the aforementioned activities can, and do, contribute to the improvement of management practices and performance. Reference works describing many of these techniques are listed in the bibliography. Additionally, it has not been the authors' intent to promote the adoption of a pre-packaged program as the answer to the administrative problems of all institutions. On the contrary, the authors do not believe that the approach described here is the most appropriate in all institutional settings; but, the authors do believe that the program has brought about a number of concrete benefits to those campuses where it has been applied effectively. It cannot be emphasized too strongly that administrators must decide whether their particular educational environment can utilize the appraisal activities described herein.

The *Guide* is not intended to be used as an infallible "cook-book" or a formal treatise in management theory, although it does contain elements of both. What we have done is develop a conceptual framework from which we have extracted principles and concepts fundamental to an understanding of the review process. We have consciously refrained from contributing further to the etymological thicket by creating a special vocabulary to explain it. We have come to call the process simply "management appraisal." The program designed to implement the process we call the Management Appraisal Program, or MAP.

In addition to a blueprint for the conduct of managerial and administrative appraisal, we offer instruments of analysis which an institution may adapt to suit its size, resources, character, organization and management

style. In other words, we recognize the range of capabilities, resources and needs among campuses. Fortunately, that range exists in the University of California system. The nine campuses composing the University exhibit a wide variety of operations and management styles. For example, the Berkeley campus is over 100 years old, large in scale (30,000 students) and fully ramified; the San Diego campus is now 14 years old and steadily expanding its enrollment to more than 8,000 students. The presence of diversified units within the system has provided us the opportunity to observe varied problems and carry out a MAP in diverse settings. The University of California exemplifies, in addition, the kind of multicampus system characteristic of a number of other state universities.

In conducting the research for this volume we studied the variations in the processes which each U.C. campus developed as it established its MAP. Available information and data on the campuses' experiences in implementing the process were analyzed. To generate the data, campus participants in reviews and subsequent actions furnished critiques of the process over a period of nearly three years. During this time systemwide and multicampus workshops and meetings discussed problems of process implementation and management.

The *Guide* is organized into four parts. Part I, which is designed for administrative decision-makers, introduces the conceptual and methodological framework of the program. The purpose and underlying assumptions of MAP are examined in Chapter One. In Chapter Two a comprehensive overview of the Management Appraisal Program (MAP) is presented. It bears repeating that Part I is intended to give institutional decision-makers a concise overview of management appraisal principles and MAP processes and structure without going into details of implementation. The details of implementation, which comprise Parts II-IV, are designed primarily for practitioners functioning within a MAP.

Part II comprehensively summarizes the review and appraisal cycle and the basic MAP organizational structure required for a typical institution.

In Part III practical applications and adaptations of the framework are explored for MAP practitioners. Examples from our experience with MAP in the University of California system illustrate how the review activities can be applied to diverse settings and adapted to meet varied institutional needs.

Chapters Five, Six and Seven detail the actual "nuts and bolts" of review activities. Special considerations for multicampus systems and smaller institutions are discussed separately in Chapter Eight.

Our basic performance indicators, the *Guidelines*, are included separately in Part IV. Consisting of questionnaires, they are the essential tools used by a review team conducting a management appraisal. The methodology for constructing and applying the *Guidelines* is introduced in Chapter Nine.

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This project was supported by a grant from the National Science Foundation. John A. Perkins, Vice President-Business and Finance, was the Principal Investigator. The co-principal Investigators were H. D. Johnson, Vice Chancellor—Financial Management for the San Diego campus and Robert F. Kerley, Vice-Chancellor—Administration for the Berkeley campus.

As noted above, we have drawn on the experiences of all the University of California campuses. In particular, Vice Chancellor H.D. Johnson, San Diego, undertook the major pilot operations which led to the model for the Systemwide program. R.C. Cornett directly supervised the San Diego program and devised and piloted many of the techniques. He also wrote a narrative description of the San Diego organization, process and procedures which contributed to development of the text of the *Guide*.

Some of the *Guidelines* sections were originally formulated for the University of California by task forces. Membership was as follows:

Environmental Health, Safety and Risk Management. Harold V. Brown, Los Angeles; Robert M. Latimer, Lawrence Berkeley Laboratory; Irvin D. Nicholas, Systemwide Administration; Alfred N. Rea, San Diego; Lawrence L. Schmelzer, Berkeley.

Public Safety and Campus Security. Joseph J. Azzolino, Systemwide Administration; William P. Beall, Berkeley; Harold Hyman, Los Angeles; James E. Roos, Los Angeles.

Registrar. Ronald J. Bowker, San Diego; John W. Brown, Irvine; R.C. Cornett, San Diego; Lyle C. Gainsley, Systemwide Administration; Richard P. West, Systemwide Administration.

Student Financial Aid Administration. Richard J. Frost, Davis; Gerald R. Hallee, Davis; Marvin Hensley, Davis; Dr. Robert P. Huff, Stanford

University; Ted D. Johnston, Systemwide Administration; Joyce A. Putnam, Berkeley; Richard P. West, Systemwide Administration.

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PART I

THE FRAMEWORK FOR APPRAISAL

The aim of the next two chapters is to survey the basic characteristics and objectives of management appraisal in a university or college environment, and to provide a comprehensive overview of a Mangement Appraisal Program (MAP). The authors recognize that the demands on the time of campus top executives are acute and have attempted to provide decision-makers with a relatively succinct description of the *principles* of a MAP, in order to facilitate a decision on the degree and scope to which a MAP may be applicable in their institutional environment. In this sense, Part I may be read independently of Parts II-IV.

Based on decision-makers' assessments of a MAP's applicability to their institution, implementation of a MAP can be turned over to practitioners of such a program. The details of implementation are discussed in Parts II-IV.

1.

The Nature and Role of Management Appraisal in a University Environment

Management Appraisal

Management appraisal, as described in this book, is a review activity designed to assist an institution both to appraise the effectiveness of its administrative operations and to improve them in a systematic manner. Performing management appraisal implies making judgments—judgments about worth and judgments about effectiveness. The term "appraisal," according to Webster's, means "to give an expert judgment of the value or merit; to estimate; to evaluate."[1] (See "Notes" at end of each chapter.) Central to the whole idea of management appraisal is the notion of accountability. More specifically, the managers of organizations must be held accountable for the results of their operations.

Management appraisal is a constructive learning process. By examining the interfaces between various campus systems and organizations, administrators are encouraged to supplant parochial concerns with a campus-wide perspective. Managers are encouraged to engage in self-evaluations of their organizations and to measure the results of their operations.

The management appraisal activity is designed to be an integral and permanent part of an institution's administrative processes.

For purposes of analysis and description, an institution is regarded as a system, and each functional activity or organization as a sub-system. Similarly, in carrying out effectiveness reviews, the campus is divided into management systems, or functional areas.

It should be noted that the functioning of a given service, such as Accounting or Student Financial Aid, is heavily dependent on administrative activities in schools, academic departments, institutes and laboratories, as well as in the Accounting Office or Student Financial Aid Office. It is intended that there be a review of the *total function*, wherever

located, since the effectiveness of that function depends heavily on the interrelationships among the various organizational units involved in the function.

In sum, management appraisal involves objective assessment of performance through reviews of operations:

—in an impartial manner, by campus peers, from a management perspective;

—with due regard for the objectives of the system or functional area reviewed;

—utilizing some standards of measurement;

—requiring action by line managers in response to review recommendations;

—focusing *institutional* attention on results.

Purpose

The overall objective of management appraisal is to assist educational institutions to maximize the effectiveness of support services, minimize the costs of those services, and thereby free additional resources for teaching and research.

A more specific aim of internal management appraisal is to provide those responsible for management at all levels (academic departments, research units, administrative activities) with an independent, objective, and constructive evaluation of the effectiveness and efficiency with which managerial responsibilities are being carried out. Management appraisal helps to identify opportunities for improvement in any of the organizational elements examined. It may also assist in the initiation of estimates of future levels of administrative activity, and in the redefinition of operational goals and procedures. The identification of opportunities for improvement is, and should be, the concern of educational administrators at all organizational levels.

Today university managers all too often have neither the time nor the resources to evaluate objectively the effectiveness of their organizations. As a consequence, management often is forced into the mode of management by crisis.[2] It is this fact which makes the role of an established Management Appraisal Program so important. MAP decreases reliance on crisis management by providing information upon which managers can base long-range operational plans. It does this by appraising the effectiveness of operations—not only to prevent waste of resources, but also to identify unsound administrative practices, insuring that effective lines of

communication exist, and by pointing out areas that require management attention.

In bridging the gap between available resources and constructive utilization of resources, the approach adopted in this *Guide* takes advantage of the pool of managerial and analytical talent which exists at every institution. The review team, a major component in the process, is drawn from this pool. The team makes its contribution by assisting managers to find opportunities for improvement in existing operations. This can be accomplished by conducting thorough, objective appraisals and offering concrete recommendations for resolving problems.

What does management appraisal have to offer the institution? It can help the institution to:

- —facilitate the practice of genuine accountability both externally and internally;
- —focus on productive services and their outputs;
- —illuminate common objectives of institutional sub-systems and inter-departmental operating relationships;
- —require management to take time out from daily brush-fires to review periodically the quality of service being rendered to the campus by a system or organization; require attention to plans, objectives, resource deployment, statements of responsibility, delegations of authority, progress in accordance with plans;
- —provide exposure to individuals in the operations and needs of sub-systems other than their own, and in users' needs;
- —provide for greater organizational stability through a planned program which encompasses change and improvement in a *systematic* way.

The Need for Appraisal

The growth of administrative organizations in size, variety of services and extent of operations has made the need for improved review and appraisal of management methods and performance increasingly evident. In order to profit from present or future opportunities for improvement, management of any unit (regardless of size) must establish a sound means to review and appraise its activities on a planned, systematic basis. Management must determine where there are weaknesses, where improvements are needed, why operations succeed or fail, and what to do about the findings. The point is well made by Rourke and Brooks:

> There can be little doubt that in years to come research into their own operations will become an increasingly common characteristic of public institutions of higher education in this country. The pressures from the external environment, particularly from the offices and agencies of state government, will be as important as any other factor in stimulating this development. . . . A growing number of state legislators and executive officials will ask questions which will require college and university officials to provide more refined data about their own operations. The expanded involvement of the federal government in higher education will undoubtedly have the same effect for private as well as public institutions. For defensive reasons alone, institutions of higher education will thus be pushed into conducting studies designed to obtain precise data on the efficiency with which they are being managed.[3]

Continuous, planned assessment of administrative operations can assist directly in the improvement of the effectiveness of internal operations, and lend credibility to institutional management in the eyes of interested outsiders. It is in response to the need for more effective means of appraising management systems that the appraisal activities described in this book have been developed.

MAP for Colleges and Universities

Management appraisal is an attitude as well as a methodology. The introduction of a systematic management appraisal program will necessitate adjustments in outlook as well as in practices. These adjustments—or problems—attend consideration of management appraisal in any organization, whether private enterprise or public agency; yet many problems are unique to colleges and universities.

There are certain generally shared and well-recognized characteristics of academic institutions. The traditional style of university governance has been called collegial, non-authoritarian and non-hierarchical, when compared with other organizational entities. Much of its business is accomplished through consensus decision-making modes exemplified by networks of committees. The administration of support services has been conducted in a comfortable, collegial atmosphere. While administrators may not have shared equally with researchers and teachers in the federal largesse of the 'Fifties and 'Sixties, there was relatively little pressure on them to account for how well they were utilizing resources. Only as late as 1969-70 did the squeeze begin. Fee-paying students, state legislatures, federal agencies, and the public at large began to demand greater accountability.

Accountability, for all practical purposes, is a relatively new concern for administrators at institutions of higher education. The introduction of accountability, now challenging some of the cherished notions of autonomy and insularity, requires decided changes in attitude. Management appraisal involves opening a system to examinatioa and judgment by peers. This always involves risk, a condition which those mistrustful of alterations in established authority patterns may find uncomfortable.

Additionally, instituting a new campus-wide program such as MAP presents decided difficulties. There is the organizing, structuring and make-ready time and effort. Painstaking coordination among diverse campus elements is required. Not insignificant is the problem of dovetailing the new program with others which already exist in the institution. Once the program is operational, there is the day-to-day commitment which must be honored.

The decision to undertake a new program must be founded on a firm institutional commitment to the program objectives on the part of top campus management beginning with the chief executive. The assignment of, and continuing provision for, adequate program resources is imperative. Based on our experience, the failure to make this commitment at a uniformly adequate level will hamper the establishment of an appraisal program.

Promoting and administering a MAP involves a certain lien on the time of administrators and operators. It also requires the direct application of specified monies. The institution will have to address the problem of competing priorities and demands for dollar resources as well as people. More particularly, the individuals needed to conduct a MAP are always in high demand for other special assignments, and a successful MAP depends, to a large degree, upon releasing people at least partially from their regular duties while performing a review.

Underlying Assumptions

We have recognized from the outset that financial support for the improvement of management systems is scarce. Austere budgets and minimal resources are a fact of life on all campuses today. MAP is a "bootstrap operation" which relies heavily on the *ad hoc* but regular participation of existing campus pgrsonnel to accomplish appraisals of management systems.

One of the key planning assumptions underlying the development of MAP is that most of the personnel resources necessary for the conduct of MAP are already employed at the institution. It is also assumed that management systems necessary for good administration exist. This is not

to deny that there are significant variations among campuses, ranging from differing definitions of system functions to variations in the clarity of assignments of managerial responsibilities.

MAP recognizes a reservoir of skilled resource people performing a variety of functions in our own backyard, who are capable and willing to engage in analytical assessment of management. This is not meant to underplay the skill of the trained analyst but to highlight the analytical capabilities of that highly skilled work force which Peter Drucker refers to as the "knowledge workers."[4] These considerations will be discussed in detail in later chapters.

MAP excludes from its purview such academic functions as teaching, research and curriculum building. However, this does not preclude using management appraisal techniques in reviews of school or departmental administration.

A clarification of the use of the terms "management" and "administration" is necessary at this point. With regard to the functions of management and administration, the terms are used interchangeably. With regard to the persons covered by the term "management," it includes such officials as the chief executive, deans, heads of academic and staff departments and institutes, as well as their principal executives. The practice of management or administration involves the entire institution, whether the organizational units are of an academic or support nature.

Essential to the entire process is the basic motivation for improvement. This refers not just to the motivation of one person; it requires and involves many different people, people who effect the improvement and are affected by it.[5] Improvement of management practices in the administration of an institution of higher education seldom occurs by chance. It is usually the result of carefully designed and clearly presented statements of objectives supported by planned and executed action. It generally follows a pattern: 1) recognition and identification of specific opportunities for improvement; 2) formulation and planning of action necessary to accomplish the improvements; and 3) direction, monitoring and control of the corrective action.

The management appraisal concept endorses and incorporates the principle of self-evaluation. The *Guidelines* in Part IV afford managers the opportunity to take an objective and critical view of the actual processes through which they execute their responsibilities. A conscientious effort on the part of all parties involved in the review should reveal how present practices can be improved, and encourage the development of new techniques that will contribute to a more effective administration of campus operations.

In keeping with the flexibility inherent in the process, a campus is expected to adapt and modify the framework to meet its individual needs

and management style. This *Guide* recognizes different means of accomplishing the aims of management appraisal. Those who would like to have before them a perfect instrument which can be adapted wholesale are cautioned at the outset that the *Guide* describes a *model* with a number of variations. Those who will not amend and reform the suggestions in the *Guide* will not have used this tool in the manner for which it was designed.

Borrowing an analogy from Hodgkinson, et. al.,[6] a good way to approach this *Guide* is to imagine oneself a tailor. Every good tailor is aware that few people can wear the same suit without alterations. Given good fabric and a good pattern or blueprint, a tailor will fashion his materials to meet the needs at hand. What we are presenting in this volume are the materials waiting to be fashioned into an appraisal program that will meet your needs. An eye for design, some imagination and the temperament to make alterations when necessary is everything you need.

NOTES

1. *Webster's Seventh New Collegiate Dictionary* (Springfield, Mass.: G. & C. Merriam Co., 1967).

2. David A. Wearley, UCLA Office of Management Assistance and Analysis, Internal Memorandum, 1974.

3. Francis E. Rourke and Glenn E. Brooks, *The Management Revolution in Higher Education* (Baltimore: Johns Hopkins Press, 1966), pp. 64-65.

4. Peter F. Drucker, "Managing the Knowledge Worker," *The Wall Street Journal*, November 7, 1975.

5. See Ernst and Ernst, *Guidelines for Self Evaluation of Administrative Management Practices in Institutions of Higher Education*, Study Paper #7 (Coordinating Board-Texas College and University System, 1969).

6. Harold L. Hodgkinson, Julie Hurst, and Howard Levine, *Improving and Assessing Performance: Evaluation in Higher Education* (Berkeley: University of California Press, Center for Research and Development in Higher Education, 1975).

2.

The Management Appraisal Program: A Comprehensive Overview

Components of a Model MAP Organization

No two campuses are expected to set up identical organizational structures. The number and size of organizational elements comprising a MAP depend upon such factors as size and complexity of a campus, style of governance and management, available resources to be devoted to MAP and range of objectives to be achieved through the appraisal of management operations.

A typical or model campus structure consists of the campus chief executive, a steering committee, a MAP coordinator, MAP staff and *ad hoc* review teams. Detailed responsibilities for each is provided in Part II.

For the convenience of decision-makers and policy-makers, a model MAP organizational chart is included here. There is also a chart that shows typical campus officials who might be assigned MAP positions, together with an estimate of the time to be devoted to MAP by each. (See Figures 2.1 and 2.2.)

The *steering committee* represents the overall objectives of the institution and is the chief policy-making body for MAP. The committee is comprised of four to six principal campus officers whose responsibilities afford them a campus-wide perspective. Among the committee's duties are: to select areas for review, to approve recommendations made by review teams and to monitor remedial or improvement actions taken in response to recommendations. The committee need not be a new or separate body; new duties may be assigned to an already existing body. In effect, the steering committee is the embodiment of institutional accountability.

The *MAP coordinator* is the principal MAP official under the chief executive and is responsible for the day-to-day operations of the program.

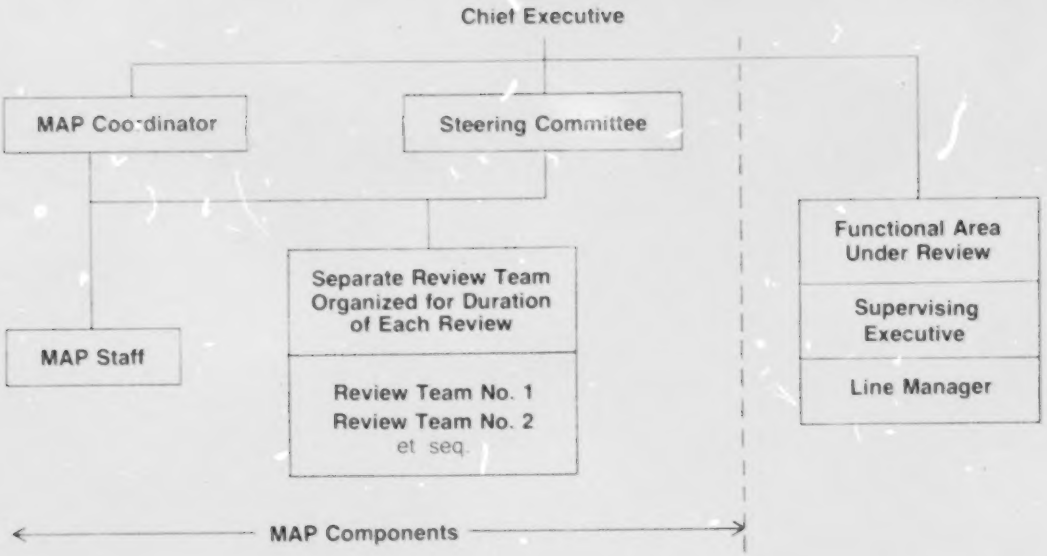


FIGURE 2.1. Model MAP Organizational Chart

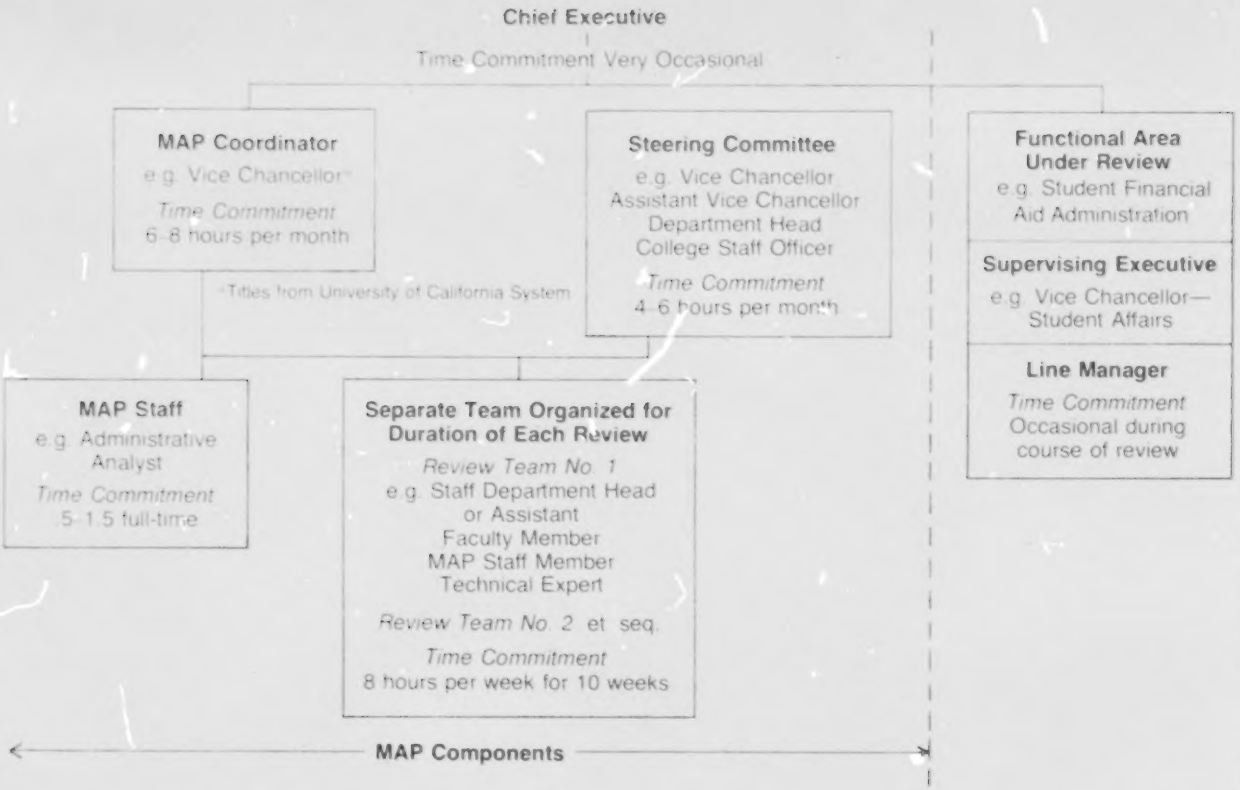


FIGURE 2.2. Typical Campus Officials for MAP and Projected Time Commitments

Generally a member of the steering committee, the coordinator assists in establishing priorities for reviews, organizes the review teams and keeps the chief executive advised of campus progress. The coordination of MAP is an additional responsibility for a campuswide official of relatively high rank.

The *MAP staff* may be part-time or full-time personnel with analytic experience. Usually attached to the MAP coordinator's organization, they serve two principal functions: to provide administrative support to the steering committee and MAP coordinator, and to provide continuity, assistance and direction to review teams.

A separate *review team* is organized for the review of each distinct management system, or functional area. The team is charged with the responsibility for: reviewing operations, interviewing managers and staff, appraising the effectiveness of operations, developing a written report assessing the degree to which the system or area is meeting its objectives, and making specific recommendations for change.

Essential to the success of a MAP is the sustained support of the *chief executive*. But it should be noted that the basic responsibility for implementing change always rests with individual line managers. MAP should never be expected to serve as a substitute for line managers' responsibilities.

Summary of MAP Operations

Reviews. Management systems, functional areas or organizations are selected for review by the steering commmittee, usually in consultation with the MAP coordinator and staff. A schedule for the academic year is prepared in advance. Primary input comes from the steering committee members, and also from requests by line managers. The campus is reviewed in a progressive and cyclical manner, so that major administrative operations are continuously covered.

Review Teams. A team is organized *ad hoc* for each review. The MAP coordinator takes the lead in selecting the team members, obtaining their agreement to serve, and securing a temporary release from some of their regular commitments. A team may consist of two to seven members (including a MAP staff person), depending upon the projected scope of the review. Teams represent a combination of managerial skill, technical expertise and campus knowledge.

Guidelines. MAP provides an aid to the review team in the form of questionnaires. Each review uses two questionnaires, the first designed to assist the team in appraising an organization's overall management, and the second directed at the particular functional area, e.g. Environmental Health and Safety, Personnel, Student Health Services. Team members

use the questionnaires to assemble pertinent information about the functional area and to guide their inquiries and observations. The questions serve only as guides to the team. Responses can help individual team members to decide where to apply appraisal time and effort, but the final exercise of judgment must come from the entire team.

Report. The report is the fruit of the team's labor and represents their appraisal and judgment. Recommendations should be framed in a clear and concise manner. The team may point to broad avenues to improve effectiveness; detailed solutions are the line managers' province.

The team forwards its report to the steering committee where it is reviewed. If the committee wishes, it may confer with the team and line managers before approving the recommendations and forwarding the report to the line managers and their immediate supervisors for action.

Action. This is the pay-off for the entire effort. The line managers together with the immediate supervisors are responsible for devising a plan of action to implement the MAP report recommendations. The plan of action includes the establishment of performance targets to make the necessary changes recommended in the report.

Assessing the potential effectiveness of the plan of action is the responsibility of the steering committee. It must insure that the plan satisfies the intent of the report findings and recommendations and that a systematic course of action is proposed. Finally, the steering committee receives periodic reports, formal or informal, of progress in accordance with the plan of action for improvement.

The following schedule summarizes the time required for a typical cycle of MAP operations.

Select functional area for review	
Form review team	Continuing staff work
Assemble background materials	
Preparation by review team	3 weeks
Set scope of review	
Adopt a schedule and work plan	
Study background	
Orient to functional area	
Perform the review	4 weeks
Write review report	2 weeks
Submit report to steering committee	1 week
Steering committee forwards report to line manager	4-6 weeks
Line manager's action plan to steering committee	
Begin implementation of actions	Continuing

Typical Benefits of a MAP Review

What about MAP's cost-effectiveness? While certain review results can be equated clearly with dollar savings, quantifiable effects are not always demonstrable. A survey of results thus far in the University of California shows that campuses benefited significantly in a variety of ways—dollar savings, increased services to campuses fulfilling obligations to federal and state agencies, and better staff utilizations. Cited below is a sampling of the results. In each case it was a MAP review team recommendation, generally one of several, which triggered the improvement.

Federal agency funding for critical projects has increased in an academic unit established to conduct interdisciplinary programs to train students through the medium of research (campus enrollment 30,000, 11,000 faculty and staff). There was a marked increase in the number of research proposals. Staff was decreased by bringing geographically dispersed units together. Important standing committees, dormant for over two years, began to participate actively in the organization's educational mission.

A review of the admissions process in a Graduate Division (enrollment 1,900) produced a change in procedures for handling applications, which resulted in an annual saving of $1,500 and achieved timely processing.

An Instructional Resources Department (campus enrollment 5,000, 750 academic staff) over several years had been unable to keep abreast of steadily increasing faculty requirements for a variety of services, such as providing reliable audio-visual equipment in classrooms and producing slides for art and science instruction. The multi-million dollar structure housing the department—with facilities for all forms of media production, sight and sound reproduction and broadcasting—was poorly utilized. Greater classroom utility of audio-visual equipment, responsive production of instructional slides, and resumption of television production resulted by increasing the instructional resources staff with key professionals. The Theatre Arts and Music Departments moved into the building, and an interdisciplinary study is now underway to establish an academic program in Media and Communication.

In a Personnel Office (2,600 campus staff personnel) an additional hire costing $7,000 plus benefits annually was avoided by acquiring more space and remodeling the office's reception area. Existing staff was enabled to absorb satisfactorily a significantly higher applicant processing load.

The magnitude of overdue accounts receivable had reached unacceptable figures at Campus A (8,000 enrollment, 8,000 academic and staff personnel); information passing manually among varied units concerned with

accounting and collection was difficult to manage, costly, and often inaccurate and out-of-date. Increased collections and total revenue were accompanied by decreased labor and processing costs. In addition to the aforementioned benefits, the volume of past due accounts receivable declined as a result of the development of an automated data processing system in which all departmental personnel were trained. More types of accounts, e.g., hospital, library are now being collected regularly.

Cost reductions between $40,000 and $60,000 are projected in a major school at Campus B (30,000 enrollment) through a realignment of administrative functions and consequent staff reductions over time. Budgetary responsibilities were clearly assigned to department chairpersons with periodic Dean's review. Decision making and supporting roles in the school were delineated.

Unsatisfactory accountability to federal and state student financial aid granting programs was corrected at Campus C (17,000 students). Needs of students were met by producing timely and complete aid packages. The unnecessary position of Deputy Aid Director (salary: $18,000) was eliminated, and resources were transferred directly to student services. The expunged position could not be justified in view of several existing assistant directors.

The aforementioned examples are specific, but the range and types of improvements which may be achieved are hardly circumscribed; they depend largely on institutional managements' willingness and ability to use appraisal in redirecting and reshaping functional operations. The range of management and operational areas which can be improved is illustrated from U.C. campuses:

—Facilitated better communications and an improved atmosphere of trust and cooperation between the campus administration and students;

—Resulted in better support to the faculty in the extra-mural research proposal process;

—Improved central personnel services to schools and departments;

—Identified the appropriateness of present funding levels to accomplish objectives;

—Determined whether the organizational locations of certain operations are consistent with the most effective use of limited resources;

—Stimulated employees' participation in the management process;

—Provided background data on workload considerations and determined whether existent measures and benchmarks were appropriate;

—Identified the need for more effective communication between supplier and user and suggested means to improve the link.

Almost any administrative activity on a campus can benefit from a thoughtful, objective appraisal of its operations, with an eye toward improving the effectiveness of the overall allocation and use of resources. To adapt a comment on the need for operations auditing in private enterprises:

> "Even assuming that the outlay will not be recovered, the costs of (MAP) will to a significant extent be offset by savings in accounting and consulting fees, reduction in the need for internal auditing and, above all, improvements in the use of executive time—the most costly, when poorly used, of all . . . resources."[1]

Overall and Specific MAP Objectives

The overall objective of a Management Appraisal Program is to provide a permanent framework, based upon objective appraisal, for the systematic and continuous improvement of an institution's management systems. As an example of how this can be stated with regard to a particular institution, the University of California initiated its program in 1970 with the following statement of intent:

"To provide for progress by the University and each of its campuses toward achieving and maintaining a fully satisfactory level of quality in business management, financial and administrative services."

Specific objectives flowing from this general objective have been developed by various U.C. campuses for themselves:

—Assure adequate, effective, and responsive support of educational and research processes;

—Maximize the effective use of limited resources by assuring the accountability of all management systems and operations;

—Assure and maintain a highly satisfactory level of quality in the management of administrative services throughout the institution;

—Create awareness of organizational and operating weaknesses and institute timely remedial action in a systematic manner;

—Provide managers with specific feedback concerning the effectiveness of their units' operations;

—Provide better information to campus executives concerning the problems encountered by service units;

—Minimize the necessity for crisis-type reactions through periodic, preventive reviews of operational effectiveness;

—Resolve gaps, conflicts, inconsistencies and obscurities in institutional policies;

—Encourage an "open system" characterized by optimum communication among units, services and users;

—Cultivate within the institutional community a conscious process of self-observation and dynamic change;

—Cultivate a high degree of confidence on the part of interested external agencies and the public in the quality of the institution's administration.

In addition, or in place of some of these, an institution may want to identify objectives which will reflect its specific needs and requirements.

What MAP Is Not

Since management appraisal has a distinct and useful place in an institution's overall management improvement efforts, it is important to understand some of the things that management appraisal is not. It is not an instant fix intended to fight the myriad small brushfires constantly besetting a campus. It is not a quantitative efficiency study or paperwork procedural analysis. It is not an external audit by auditing personnel. Nor is it a single problem "management advisory" or consultant approach.

On the other hand, it is an objective process which may be used alone or in concert with other improvement processes. A MAP is a system to keep track of total campus administrative improvement efforts and to provide for systematic follow-through of improvement plans.

Getting a Program Off the Ground

Before embarking on a MAP, an institution should take three preliminary steps. First, identify the decision-making structures within the institution and the broad categories—business management, student affairs, instructional support—wherein appraisals will be conducted. Then determine who is responsible for policy-formulation regarding manage-

ment systems, who develops and manages operations and what measures are currently in place to assure accountability.

Second, establish a formal structure for the coordination and implementation of the program. This includes a plan and a decision-making apparatus, both with the approval and backing of the chief executive. Recognizing that administrative operations pervade all the facets of the institution, a broad range of individuals from the academic, student affairs and business management segments of the community should be involved in the planning and implementation of the program. Enlisting their support from the outset will help to preclude unwarranted and unknowledgeable resistance at a later date. This apparatus was referred to earlier as the steering committee, but it need not be a new organization. The responsibilities may be assigned to an already existing campus-wide committee.

As the third step, the campus should be informed of the institution's decision to incorporate management appraisal into its permanent administrative structure. All levels and elements need to understand the objectives and the structure of the program.

In the chapters which follow, operations of the program are discussed. Experiences from the University of California program are presented, and adaptations of the basic framework are suggested. In essence, these chapters are concerned with the details of implementing a Management Appraisal Program.

NOTES

1. Roy A. Lindberg and Theodore Cohn, *Operations Auditing*. New York: American Management Association, 1972.

PART II

THE MAP STRUCTURE

Parts II-IV are designed for MAP practitioners. Assuming that the institution has decided to incorporate the appraisal process into its administrative structure, Part II describes, for those individuals who have been delegated the task of establishing MAP, a "typical" organization structure, and summarizes the entire review and appraisal cycle.

3.

MAP Organizational Responsibilities

The organization and distribution of duties described here should be regarded only as a model which an individual institution will want to adapt to meet its needs and resources. It will be helpful to refer to Figures 2.1 and 2.2 in the preceding chapter.

Chief Executive

The chief executive is responsible for:

1. Providing leadership and support to the Program, the campus coordinator and the steering committee;
2. Providing the necessary resources to maintain an effective MAP.

The necessity for the chief executive and top management to understand and support the objectives and responsibilities of management appraisal cannot be overemphasized.

MAP Coordinator

The MAP coordinator's responsibilities should be assumed by a campus officer at the highest possible level, who has access to the chief executive and is available to the MAP staff for consultation and direction. This is one of the key assignments to be made in the Program. Simply adding responsibility to an already overburdened officer will not work. While a great deal of time is not required—six to eight hours per month—it is necessary that the coordinator give sufficient personal attention to the guidance and formation of review teams. The MAP coordinator is responsible for:

1. Arranging for the appointment of a chairperson and other members to the steering committee;
2. Establishing review priorities in coordination with the steering committee;
3. Selecting review team members in coordination with the steering committee;
4. Coordinating Program efforts with other top administrative and academic officers;
5. Monitoring progress of the review activities;
6. Providing general direction to the Program;
7. Initiating policy recommendations to the chief executive when necessary;
8. Representing the campus on the statewide Intercampus Program Committee (for multicampus systems only).

Steering Committee

This is the MAP policy-making body which has primary responsibility for Program operations. Some institutions will add the responsibilities to campus-wide planning or coordinating committees already in existence. The committee ordinarily meets once or, at most, two times a month during the academic year.

The chairperson may be the MAP coordinator or the chief executive may appoint another individual. The committee at a medium-size institution would comprise about five to six members and be composed principally of campus officers with an interest in the overall Program, either from the viewpoint of producer or consumer of services. Terms are for about two years, and membership rotates. It is customary to disqualify a member whose organization is under review. A typical committee has the following composition: MAP coordinator, Vice Chancellor of Administration, Vice Chancellor of Student Affairs, Director of Planning and Analysis, head of a large administrative division with consumer interest (e.g., laboratory business manager, college or departmental staff officer), consultants on an intermittent basis (e.g., Professor of Management Science, President of Associated Students) and MAP staff person, either as member or as recorder.

The steering committee is responsible for:

1. Selecting functional areas or units for review;

2. Reviewing and approving reports and recommendations prepared by review teams and meeting with line managers to discuss recommendations;
3. Making recommendations to the appropriate supervising executive [i.e., the manager who directly supervises the head(s) of the area reviewed];
4. Reviewing plans and timetables of corrective actions to be taken and monitoring progress to assure satisfactory completion;
5. Providing general guidance over Program progress;
6. Representing the broad goals of the institution;
7. Appraising Program effectiveness.

Program Staff

How a MAP staff is organized will depend largely on the framework of the institution. If there is a management analysis or management assistance office, support for MAP can be added to its functions. If no such office exists, a permanent staff should be established. Based on the California experience, one full-time person is required at a medium size (10,000 students) institution. Only very large, complex institutions require more. Smaller institutions can provide support by assigning the function on a half-time but *permanent* basis.

A MAP staff person should have a professional analytical background either through training or experience. However, some small institutions may be in the position of having no professional analysts, or so few that taking on MAP functions is not practical. In such a case, the MAP coordinator should utilize a person on his/her staff who has demonstrated the ability to conduct tasks or projects in a reliable and systematic manner.

The Program staff is responsible for:

1. Providing administrative staff support to the steering committee and coordinator;
2. Providing a professional analytical resource to assist, advise and serve on review teams. This consists of:
   a. gathering data in advance of the review;
   b. assisting the chairperson to coordinate the efforts of review team members;

c. providing analytical and methodological support to the review team and assisting in the preparation of the review team's report;

d. meeting with the head(s) of each functional area to be reviewed, and briefing on objectives, approaches, and time schedules;

e. maintaining continuity from team to team.

3. Providing day-to-day direction to the Program;

4. Maintaining liaison with the systemwide coordinator (applicable only to multicampus systems).

Review Teams

A separate review team is organized for the review of each distinct management system, functional area or organization. Team composition varies from review to review and is dependent upon the organizational structure of the campus and the nature of the management system to be reviewed. Members of a typical team may include:

—representative from a significant segment of the campus, such as a college or professional school, or a large staff department;

—faculty member;

—peer from a similar management system at another institution;

—student representative (if a student-oriented area is involved);

—analyst from the Program staff, or similar person with training in techniques of evaluation.

With regard to the analytical member, it is, of course, ideal to have a professionally trained person. However, if none is available, the MAP coordinator, when organizing the team, can recruit an individual on campus who has a reputation for general analytical or problem solving ability.

A typical review team in the area of financial aecounting, as an example, would consist of:

—accounting Department faculty member;

—department administrative officer or laboratory business officer;

—accounting Officer from another institution;

—supervising Analyst, Campus Computer Center;

—program staff analyst.

Review team members are responsible for:

1. Using the MAP *Guidelines* as an analytical tool and reviewing the operations of a selected management system (e.g., personnel, accounting) in the places where the major functions are carried on (e.g., accounting office, personnel department, large department, laboratory);
2. Conducting interviews and reviewing records, policies, procedures and other materials and practices as necessary;
3. Appraising the effectiveness of operations;
4. Developing a written report assessing the degree to which the management system is meeting its objectives, and making specific recommendations for changes consistent with findings.

Line Managers

The persons primarily responsible for the functional area or the head of the organization to be reviewed are responsible for:

1. Providing accurate and complete responses to items in the *Guidelines* as requested by the MAP staff;
2. Assuring that information, staff and facilities are made available for review by the review team, and coordinating this effort with the team chairperson in a manner which minimizes disruption of operations;
3. Reviewing the draft report with the team chairperson and making appropriate suggestions regarding the accuracy of the report;
4. Upon receipt of the report, establishing a plan of action to implement those portions of the report which are deemed to be valuable and acceptable to the unit, or which may be required by higher authority;
5. As requested, providing feedback to the steering committee as to:
   a. actions taken in response to approved review recommendations, and
   b. reasons for any nonaction on major recommendations.

Supervising Executive

The line manager's immediate supervisor is responsible for:

1. Assuring the coopération of the functional area or organization to be reviewed;
2. Reviewing the recommendations of the steering committee;
3. Assisting the line manager(s) in determining corrective actions to be taken;
4. Supporting the unit in its implementing actions.

The next chapter will detail the basic phases and steps in the review cycle.

4.

The MAP Operations Cycle

Let us assume that the institution has taken all necessary steps preliminary to the initiation of its first review: deciding to embark on a MAP, organizing a MAP structure, and informing campus personnel. The institution is now ready to begin the first MAP review.

At the risk of dwelling too long on the process and allowing it to overshadow actual results, the steps which make up the review cycle and the people who are responsible for each of the steps should be clarified. The following outline is intended to provide a basic reference source for planning and executing the review. *It is assumed that the campus will modify the specific steps and responsibilities to meet its own requirements.*

The review cycle can be logically divided into seven phases, which in turn subdivide into a series of steps. The basic phases, steps and functional assignments are described below. (For a quick overview, see Figure 4.1.) There can be many variations on the central framework, depending upon an institution's size, management style and relationships, and organization. At a smaller institution some of the steps could be quite informal, whereas at a larger institution additonal, formal coordinating steps might be necessary. Part III addresses each of the steps in detail and provides illustrations of the most significant.

PHASE I.	*Establish Priorities and Schedule Reviews*	*Responsibility*
STEP 1.	Prepare a draft review schedule and nominate activities to be reviewed; suggest priorities and review time-frames.	MAP coordinator/ Program staff
	Request a review.	Supervising executive/ Line manager(s)

TASKS	PHASE I Establish Priorities and Schedule Review	PHASE II Define and Organize the Review	PHASE III Form Review Teams	PHASE IV Perform Reviews
PROGRAM COMPONENTS	Campus Coordinator Program Staff Steering Committee	Campus Coordinator Program Staff	Campus Coordinator Program Staff Steering Committee	Review Team

TASKS	PHASE V Prepare Reports	PHASE VI Management Action	PHASE VII Final Follow-up of Results
PROGRAM COMPONENTS	Review Team Campus Coordinator Program Staff Steering Committee	Line Manager Steering Committee Campus Coordinator	Line Manager Program Staff Campus Coordinator Steering Committee

FIGURE 4.1. MAP Review Participants

STEP 2.	Set priorities among areas to be reviewed; issue schedule	MAP coordinator/ Steering committee

The first phase sets the dimensions of MAP activity for the academic year. Consultation among the MAP coordinator, steering committee and Program staff leads to a decision as to which systems and organizations should be reviewed. Priorities are then assigned. Nominations of functional areas, systems and organizations for potential review are received from several sources, including line managers. The main input is from the MAP coordinator and members of the steering committee. The selection of areas and the order in which they will be reviewed are based on the latter's perception of campus needs.

PHASE II.	*Define and Organize the Review*	*Responsibility*
STEP 1.	Review *Guidelines*, policies and procedures pertinent to the functional area; identify potential review team members.	MAP coordinator/ Program staff
STEP 2.	Establish coordination with line manager(s): discuss purpose of review, potential review team members, participation, timing.	MAP coordinator
STEP 3.	Prepare and send *Guidelines* questionnaires to line manager(s) and other officials.	MAP coordinator/ Program staff
STEP 4.	Assemble data about the review area.	Program staff
STEP 5.	Prepare preliminary statement of *scope* of the review: a. identify the limits of the project; b. prepare a statement of objectives; c. establish a work plan; 1) review possible methods of analysis and data collection;	Program staff

2) identify criteria to be used in evaluating unit performance;
3) determine necessary coordinating procedures;
4) identify review tasks;
5) estimate resources needed to conduct the work;
6) estimate time requirements

d. identify potential review team members for the MAP coordinator.

A high grade performance by the MAP coordinator and Program staff in the second phase enables the review team to carry out its assignment economically, efficiently and effectively. Three things must happen. First, the MAP coordinator discusses the proposed review with the line manager of the selected area or organization. Next, the Program staff begins assembling pertinent data and information which will be turned over to the review team. Finally, a definition of the parameters of the review, and an indication of some of the processes to be examined, are proposed in a statement of the scope of the review.

PHASE III.	*Form the Review Team*	*Responsibility*
STEP 1.	Select members for the review team and arrange with department heads for members' participation.	MAP coordinator/ Steering committee
STEP 2.	Familiarize review team with MAP processes and style of work.	Program staff
STEP 3.	Confirm and adopt statement of scope of review.	Review team/ MAP coordinator
STEP 4.	Confirm work plan with line manager(s).	Review team
STEP 5.	Discuss methods and procedures with review team.	Program staff
STEP 6.	Prepare detailed task plans using *Guidelines* and orientation material	Review team

	previously assembled by staff.	
STEP 7.	Assign specific tasks to team members.	Review team

The MAP coordinator takes the lead in selecting the review team members, obtaining their agreement to serve, and securing from their respective department heads a temporary release from standing commitments. Thereafter, the Program staff team member has the responsibility to orient team members to their MAP tasks and to provide them with the data and information assembled in Phase II. A key task before any farther action is the adoption of a written statement of the scope of the review. This leads to the review team's work plan, time schedule and assignment of tasks to individual members. *The importance of a scope statement cannot be overemphasized.*

PHASE IV. Perform the Review		*Responsibility*
STEP 1.	Collect data (e.g., review policies and procedures, conduct interviews with unit staff, utilize additional questionnaires or opinion polls, review budget documents).	Review team
STEP 2.	Analyze data: a. organize data for analysis (e.g., tabulate survey information, summarize and organize interview data;) b. interpret data.	Review team
STEP 3.	Identify organizational, process and service problems.	Review team

Fortified with the knowledge gained from the information and data studied, the review team carries out its active work of analyzing problems it has perceived, and assessing system organization and processes. This involves personal observations and interviews both in and around the functional area. In review team meetings, impressions are clarified and synthesized until the team is ready to make recommendations.

PHASE V: Prepare the Report		*Responsibility*
STEP 1.	Formulate recommendations of alternative approaches to operations and organizations to assist management in solving problems identified.	Review team
STEP 2.	Determine report format and content.	Review team
STEP 3.	Assign drafting responsibilities; prepare draft of report.	Review team
STEP 4.	Discuss, evaluate and revise draft report.	Review team/ Program staff
STEP 5.	Discuss draft report with line manager(s).	Review team/MAP coordinator/ Program staff
STEP 6.	Prepare final report and present to steering committee.	Review team
STEP 7.	Review, approve and distribute final report.	Steering committee

Whether or not the MAP review produces tangible results depends largely on how well Phases V and VI are handled. The review team's central task is to prepare a report for the institution's management on the functional area's degree of success in meeting its objectives and on the area's major strengths and weaknesses. The report also makes recommendations for management action.

PHASE VI. Management Action		*Responsibility*
STEP 1.	Submit to steering committee a plan of action responding to review team recommendations.	Line manager(s)/ Supervising executive
STEP 2.	Assess review team report and action plan from line manager(s); discuss with line manager(s) and supervising executive, if necessary.	Steering committee/ MAP coordinator

STEP 3.	Evaluate and approve recommendations to be carried out by line manager(s).	Steering committee/ MAP coordinator
STEP 4.	Obtain agreement from line manager(s) and supervising executive.	Steering committee/ MAP coordinator

In Phase VI the institution's determination to manage effectively its resources is tested and demonstrated. The line manager responds to the review team's final report by proposing a plan of action to the MAP coordinator and steering committee. After assessing the potential effectiveness of the plan in meeting the report's findings and recommendations, agreement must be obtained on a systematic course of action. The line manager and the supervising executive are expected to initiate the necessary changes indicated in the report.

PHASE VII. Final Follow Up of Results		*Responsibility*
STEP 1.	Monitor implementation progress.	MAP coordinator/ Steering committee
STEP 2.	Submit progress report on implementation to steering committee.	Line manager(s)
STEP 3.	Critique review activity and results (include evaluation of project methodology, suggestions for changes in procedures, etc.).	MAP coordinator/ Program staff/ Review team
STEP 4.	Submit closing report to steering committee and chief executive.	MAP coordinator

During Phase VII MAP's effectiveness as a long-range tool comes into focus. Achieving the goals towards which the line manager's plan is geared may take anywhere from several months to more than a year. Desired outcomes may not be perceptible until a similar amount of time has elapsed. Throughout the process the line manager reports to the steering committee on the progress of implementing actions and the ultimate achievement of results. The review cycle comes to a close with a brief, final report on the review and a summary of the results achieved.

Figure 4.2 shows the actions taken and participants in the entire review cycle in summary form.

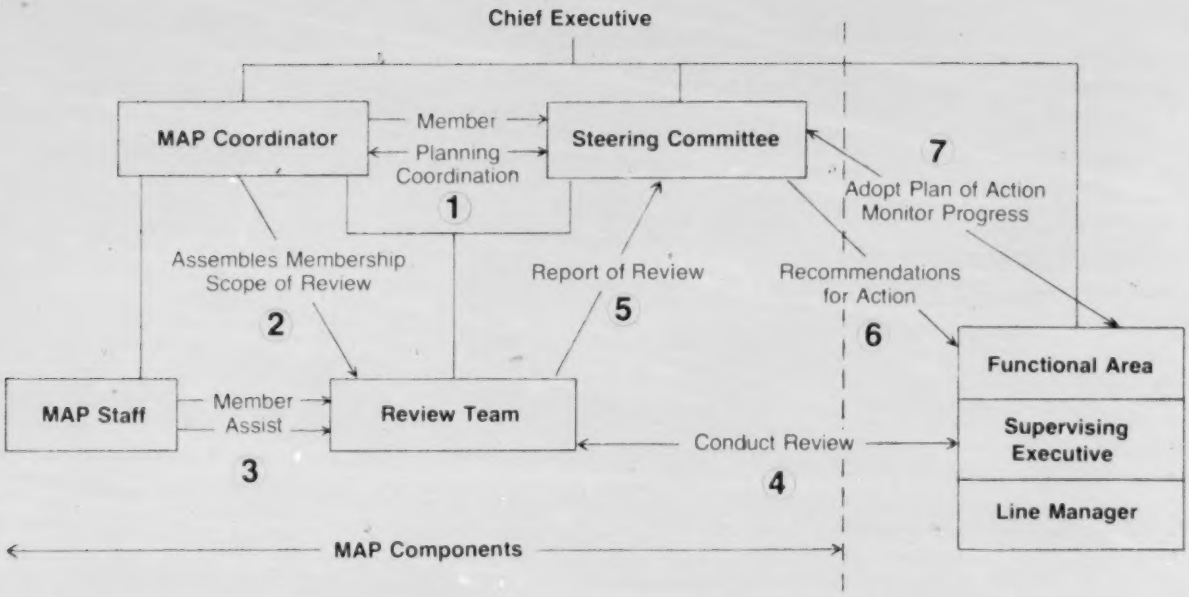


FIGURE 4.2. Relationships in the MAP Review Cycle

Conclusion

Almost any administrative activity on a campus can benefit from a thoughtful, objective appraisal of its operations. The administration of such a program needs to reflect four basic requirements:[1]

1. *The program should assess the right things.* It must appraise performance in the light of principles of sound management. Objectives and scope must be clearly defined in order to insure a constructive appraisal of an operation's effectiveness.
2. *The program should always elicit the participation of the unit being reviewed.* Those involved with the performance of administrative responsibilities should be involved in assisting the review process.
3. *The appraisal should be objective and constructive.* Every effort must be made to assure that all review participants maintain independent, constructive perspectives.
4. *The program should be acceptable.* Any management technique or program that people do not understand and accept is likely to be ineffective. If compelled to, people will pay lip service and answer questions. However, if they understand and believe in a program and see it as helping them to accomplish their own personal desires by contributing to group goals, they will use it and feel a sense of commitment to it.

NOTES

1. For further elaboration of these points, see Harold Koontz, "Making Managerial Appraisal Effective," *California Management Review* 15, no. 2 (Winter 1972): 46–55.

PART III

PUTTING APPRAISAL INTO PRACTICE

Part III is intended to serve as a step-by-step reference source for MAP practitioners. Practical examples drawn from management appraisal activities at the nine University of California campuses have been synthesized and arranged by steps for easy reference. The reader is not expected to find Part III all inclusive, but merely suggestive of the ways the framework can be applied in diverse institutional settings, and adapted to differing institutional needs.

Part III is organized as follows: each *Phase* of the review cycle (seven phases) is graphically illustrated, with each *Step* in that particular phase discussed in some detail. More specifically, Chapter Five contains Phases I-III; Chapter Six contains Phase IV; Chapter Seven contains Phases V-VII.

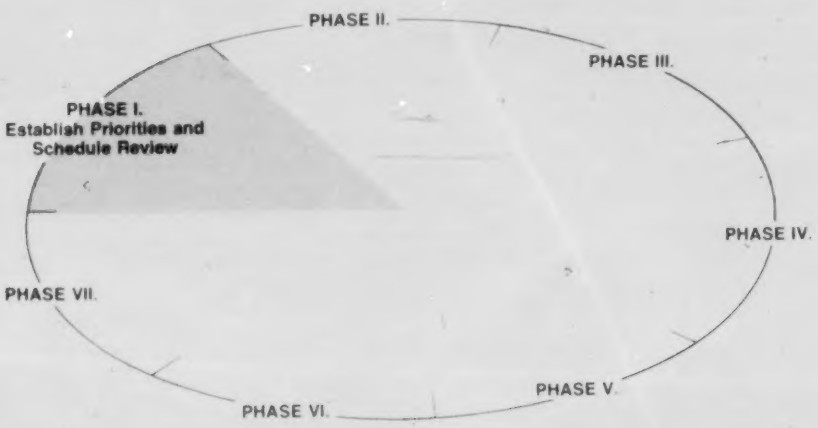
5.

Readying the Review

In this chapter, and the two to follow, we will be exploring the actual "nuts and bolts" of MAP review operations. Figure 5.1, "The MAP Review Cycle," graphically illustrates the progression of phases in the cycle. In the course of reading these chapters, the reader may wish to refer to Figure 5.1 to keep in perspective the overall flow of events and activities.

PHASE I. Establish Priorities and Schedule Reviews

The expected outcome of this phase is an approved schedule of reviews of specific operational systems.



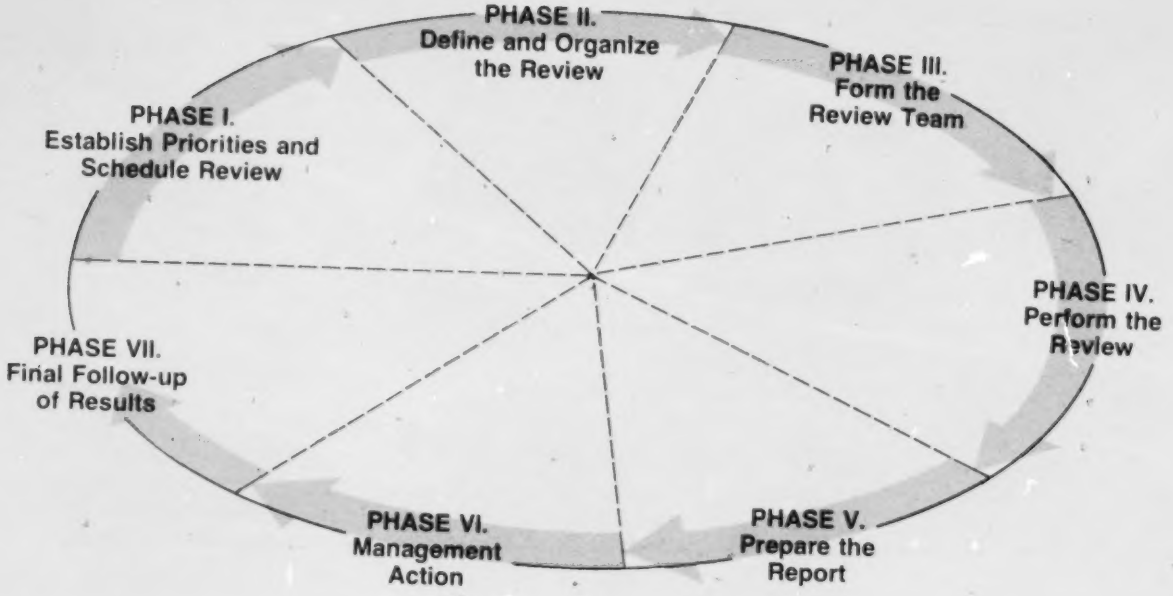


FIGURE 5.1. The MAP Review Cycle.

STEP 1.	Prepare a draft review schedule and nominate activities to be reviewed; suggest priorities and review time-frames.	MAP coordinator/ Program staff
STEP 2.	Request a review.	Supervising executive/ Line manager(s)

Selecting the systems for review and assigning priorities are collaborative efforts. The MAP coordinator, steering committee and Program staff all contribute, with the central impetus coming from the MAP coordinator and staff. There are no rigid criteria which can be universally applied. In our discussion, no distinctions are made between "business" systems, "student affairs" systems, schools or departments. Nominations for potential reviews come about in several ways:

- —the MAP coordinator, staff and steering committee members provide inputs as a result of their respective knowledge of the institution;
- —the line manager(s) or the supervising executive may request a review to assist in improving an operation's effectiveness;
- —in connection with the budget cycle, information is needed to determine, for example, whether additional resources should be allocated to a system or organization;
- —"the squeaky wheel"—a problem-oriented response to such things as client or customer complaints, relatively poor performance, excessive employee turnover, or a potential need for organizational restructuring or management decision;
- —in a long-range cycle of review, the system or organization comes to the head of the list.

STEP 3.	Set priorities among areas to be reviewed; issue schedule.	MAP coordinator/ Steering committee

The schedule represents the institution's intentions. It should list a slate of operational areas, all or most of which will be reviewed in specified time periods. The slate should be reviewed every six months. Designating an approximate starting time and review period for each operational area, it should be widely distributed.

Deciding on the order in which to conduct reviews will depend upon the institution's needs, special problems or complementary plans. While immediate pressures always seem to take precedence over long-range

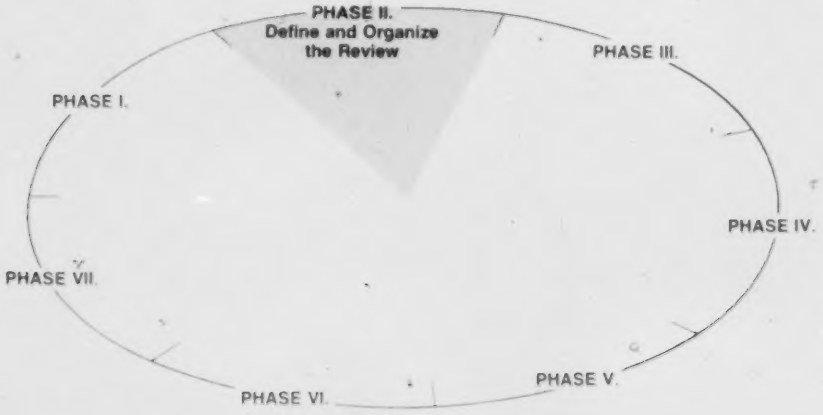
plans, a basic schedule should provide a foundation for orderly, continuous progress. The schedule should be revised by the steering committee from time to time.

A schedule for the academic year has the advantage of being congruent with the institution's natural cyclical divisions. It has proved difficult, although not impossible, to schedule reviews during the summer period. The summer vacation schedule results in the absence of both review team members and personnel in areas being reviewed. Scheduling interviews and review team meetings becomes difficult and results in a loss of momentum and continuity.

Sufficient reviews should be scheduled to provide continuous activity throughout the academic year. Available resources and the institution's experience with MAP procedures will be the major factors influencing the number of reviews scheduled. Consideration must be given to the total number of people able to leave temporarily their primary jobs. In getting MAP started, it is advisable to schedule one or even two reviews as pilots and to keep the balance of the schedule tentative until the institution has gained basic experience. In selecting the institution's first review, special consideration should be given to areas with a high potential for significant, demonstrable review results.

PHASE II. Define and Organize the Review

The steps in this phase are arranged around the central theme of preparing the stage for the actual performance of the review. Gathering all necessary, preliminary information, clearing away obstacles and smooth-



ing the path are important considerations to keep in mind before venturing into the field. The involvement of functional management should be stressed from the beginning and continuously encouraged throughout the review cycle.

STEP 1.	Review *Guidelines*, policies and procedures pertinent to the functional area; identify potential review team members.	MAP coordinator/ Program staff

Initially, the campus coordinator and the Program staff should survey the *Guidelines* pertaining to the operation slated for review and "The General Management of an Organization" section. As explained in Chapter Nine, "The General Management" questionnaire is generally used in conjunction with one of the specific functional area questionnaires, for example, "Student Financial Aid Administration." A survey of the appropriate *Guidelines* directs the attention of the MAP coordinator and staff to the major considerations which should be taken into account during the review.

Pertinent policy and procedure documents for the area should be secured and surveyed. The following examples typify materials that should be reviewed:

- —statements of objectives and the operating plan;
- —published statements of responsibilities;
- —delegations of authority;
- —the operation's current approved budget;
- —functional and organizational charts;
- —major instructions concerning internal operations and interdepartmental relationships.

STEP 2.	Establish coordination with line manager(s): discuss purpose of review, potential review team members, participation, timing.	MAP coordinator

After the pertinent *Guidelines* and other documents have been surveyed, it is time to establish coordination with the line manager (possibly

more than one, if the area comprises several units) responsible for the area to be reviewed. At the first meeting with the line manager the MAP coordinator should openly discuss the purpose of the review. It would be unusual indeed if the unspoken (or perhaps spoken) questions, "What's in it for me?" and "How can this adversely affect me?" were not lurking about. The line manager should be made aware of all the phases and steps in the review cycle, informed of the benefits accruing to the area and staff from an objective review, and made to feel vital to the campus-wide effort to improve the effectiveness of the institution's administrative operations. Candor and regard for personal feelings are essential in the initial encounter.

The line manager might be asked to indicate major problems in the current operations of the unit. How serious are problems? What are their causes? What can be done to alleviate them? Is any resistance to a review of the operation anticipated? What can the manager do to assure the willing cooperation of staff with members of the review team? Such information will assist both in setting the scope of the review and in selecting review team members.

At this point the MAP coordinator can obtain the line manager's suggestions for review team members. The line manager should be well qualified to nominate campus personnel who have experience with operations comparable in size and complexity. Suggestions should be considered nominations, not final appointments.

STEP 3.	Prepare and send *Guidelines* questionnaires to line manager(s) and other officials.	MAP coordinator/ Program staff

Having secured the cooperation of the line manager, the MAP coordinator and Program staff should turn their attention to preparing a select set of *Guidelines* questionnaires to give to the line manager and other appropriate respondents. For more information regarding this step refer to "Getting the *Guidelines* Ready for Institutional Use" in Chapter Nine.

STEP 4.	Assemble data about the review area.	Program staff

While the line manager and others are completing their responses to the edited questionnaires, the Program staff should assemble additional, pertinent data about the review area for the review team's use. Policy documents and organizational charts were mentioned earlier. Other possible data resource materials are:

—staffing information for the unit: job descriptions, classifications, existing flow charts;

—unit financial reports;

—copies of internal and external audits;

—available productivity or measurable output data;

—existing performance criteria or standards.

This is only a partial list of the types of data which might be assembled by the Program staff prior to a review. For further information see the concluding portion of each *Guideline* section: "Pertinent Background Data, Documents, and Sample Opinion Polls."

STEP 5.	Prepare preliminary statement of *scope* of the review:	Program staff
	a. identify the limits of the project	
	b. prepare a statement of objectives	
	c. establish a work plan:	
	1) review possible methods of analysis and data collection;	
	2) identify criteria to be used in evaluating unit performance;	
	3) determine necessary coordinating procedures;	
	4) identify review tasks;	
	5) estimate resources needed to conduct the work;	
	6) estimate time requirements;	
	d. identify potential review team members for the MAP coordinator.	

"Reflecting on the review, I'd say we erred by not limiting the scope; we tried to tackle too much." This observation by a U.C. MAP coor-

dinator illustrates so well the importance of determining in advance the desirable scope of the intended review. The scope consideration should take into account the resources which are available to the campus: the availability of review team members and the practical amount of time which they can devote to performing the review and writing their report. The scope addresses just how wide and deep an area the institution wishes to explore. Segments of a functional area, for example, may be deferred to a more appropriate time. It may be determined that certain issues should remain outside the purview of a particular review.

Certain campuses have made the definition of scope a responsibility of the MAP coordinator, steering committee and Program staff. The exact distribution of responsibility will vary from institution to institution. In one instance, the scope was devised by the steering committee; in another it was drafted by the Program staff and presented to the steering committee for final approval.

The practice of defining the scope of a review before convening the team has the advantage of setting time and resource limitations around the review. It further assures that the review will be consonant with the institution's overall plan for management improvement. Experiences on campuses in the University of California system have led to the conclusion that the most satisfactory overall result is obtained from a review for which a definite scope has been set in advance, with a well-defined and closely managed schedule.

Setting the scope "in advance" requires a brief elaboration. In Phase II, Step 5, "Prepare *preliminary* statement of the scope . . ." is the responsibility of the Program staff. In Phase III, Step 3, "Confirm and adopt statement of scope . . ." is the responsibility of the review team. One view is that a firm scope should be prepared by the MAP coordinator and staff and subsequently given to the team, thus guaranteeing that the team's activities conform with the institutional objectives of the review. The other position is to give the team a draft statement of what is wanted and allow them to firm up the scope. Alternatively, the team may draft the scope based on the selection of a functional area and brief indications of any special considerations. While the latter has the advantage of giving the team a greater sense of participation, it risks a slow start and loosely structured review.

In summary, the review team needs a document charting a route to its destination, to which the team can refer during the course of the review. It is ever so much easier to stay "on track" even with the sketchiest of maps. The review team should also have the flexibility to explore revisions of scope based upon experiences gained during the review process; yet revisions must always be coordinated with the MAP coordinator. The scope statement and plan of action is a flexible means of

orienting the review team to the tasks anticipated at the genesis of the review process.

The focus of one highly successful review was the Student Health Services operation at the Santa Cruz campus. In its organizational meeting at the end of the Winter Quarter, the review team set out the scope of the study to be conducted during the following ten weeks of the Spring Quarter. The team accomplished its aims with only a reasonable over-run of the prescribed time period. Exhibit 5.1 is a slightly edited version of the statement from the Santa Cruz campus. In its proposed study plan the review team delimits at the outset the intended time frame of the review. (See Exhibit 5.2.) It then indicates what issues will remain outside the scope of the study. The general areas of inquiry are outlined, and finally, the basic research tools are presented and areas of responsibility are assigned to individual team members.

EXHIBIT 5.1.

Scope of Review: Student Health Services

In a structural sense, there are several built in limits to our study. Foremost is that of time. It is our desire to have a final draft of the study completed by early June. In addition, all members of the team are otherwise engaged in work or study which under normal circumstances demands full-time effort.

Given these constraints, the team will make a serious effort to produce a report which will be of use to all those on the campus who are and will be concerned with the functioning of the student health service. In addition, we recognize the "pilot" nature of our study, and where appropriate, we shall, in our final report, comment on the materials with which we had to work.

In a substantive sense, we have been able to further define the limits of our study. After considerable discussion, we are agreed that two specific issues, while of considerable import, shall remain *outside* the scope of our study. These are:

1) A technical (professional) appraisal of the delivery of health care on the campus. In other words, the committee does not view itself as an "accreditation" body.

2) An overall budgetary appraisal concerned with the allocation of student registration fees. That is, no thought or effort will go into the question of the present funding of the health service *viz-a-viz* other agencies competing for limited funds.

While both of these questions must be considered in our overall assessment of any campus unit, such issues require special expertise and broad outlook which are beyond our committee's capacity for the reasons given above.

While it is fairly simple to define the areas of concern to be excluded from the scope of our efforts, it is more difficult at the outset to define the areas which we shall cover. To an extent, the actual implementation of our review of several aspects of the health service will serve to define the substance of the final report.

Nevertheless, as the result of our extended initial meeting, we have set out several areas of inquiry. In brief outline form, these are as follows:

A. *Quality of service.* The quality of service should be reviewed in terms of satisfaction as perceived by health care staff and recipients of the service (mainly students). We shall make some effort to assess the adequacy of service, again primarily in terms of perception of users and staff.

B. *Public relations function.* By this, we mean the extent to which students are informed as to the nature and extent of health services available to them. Access to this type of information is provided indirectly by the health service to the user, but in addition, many other individuals in their various roles on the campus should be expected to transmit information and direction to students on matters related to health care. Within this area, we shall also make an effort to evaluate the activities of the health service in promoting student concern with maintaining good health.

C. *Resources available to perform services (in terms of performing existing services as well as desired services) and cost/benefit study of existing services.* For the present, we shall determine intensity of use of various services offered as well as the cost (dollar) per service.

D. *Personnel management (training and morale).* A variety of personnel aspects will be considered including: the involvement of staff in decision-making, definition of job assignments, opportunities for in-service training, hiring process and procedures, and promotion and merit increase opportunities.

E. *Definition of goals.* (By external units—system-wide administration, and the chief campus administrative officers; and internally—director of health service.) The basic issue here is the extent to which goal definition is adequate in enabling the health service to work effectively.

F. *Quality of financial resource management.* Here we will be concerned primarily with the internal administrative and budgetary functioning of the health service.

In establishing these study areas, our evaluation team will draw heavily on the response of the health service director to the *Guidelines* questionnaire. Our discussions in the initial meeting expanded on these issues. In the final report, we shall present in detail the specific issues raised in the *Guidelines* questionnaire.

We have agreed upon three basic research tools, which will be used in our study. (The letters in parentheses define the basic study areas to which each tool will be directed.) Members of the team responsible for the collection and initial assessment of data are indicated.

1. Student questionnaire—to be administered and analyzed as quickly as possible. Results of the questionnaire will be presented in final report, and may lead the evaluation team into additional areas of study. (A,B,C) (Team responsibility—Mr. X, Mr. Y, Ms. Z)

2. Direct interview of:

   a) health service director (A,B,C,D,E,F)

   Note: These letters refer to the areas of inquiry which the team had defined above.

b) health service staff (A,B,C,D)
(Mr. A, Mr. B, Mr. C, Ms. Z)

c) other college personnel (B)
(Mr. D., Mr. Y)

d) other campus personnel (A,B,C)
(Mr. A, Ms. B)

3. Direct observation of Health Service (A)
(Mr. X, Mr. C, Mr. Y).

EXHIBIT 5.2

Tentative Schedule: Student Health Services

		Actual Dates
January 31	Review team chairperson and MAP coordinator review tentative schedule and list of review team members	January 31
February 3	Submit tentative schedule and team members to steering committee chairperson	February 3
February 10 or 17	Confirmation from steering committee on schedules and team members	February 27
February 10	Guidelines sent to line manager. Meeting between systemwide coordinator and review team	February 27 March 5
February 24	Guidelines returned to line manager and mailed to team members	March 25
March 3-4	First organizational meeting with team. Review answers to guidelines and attempt to set scope	April 10
March 3-17	"Slack" time to plan approach to evaluations	
March 17 thru April 28	Series of meetings and working sessions some at Health Center – interviewing, discussing, researching files and records, etc.	April 17- June 13
April 28	Assignment of writing responsibility to team members	April 10-17
May 5	Review team members submit component parts of report	April 17 on
May 12	First draft to team for comment	May 20
May 26	Final draft to team for comment	June 7
June 1	Send report to steering committee	July 10
July 10	Report sent to Chancellor	August 6

Concluding Reminders

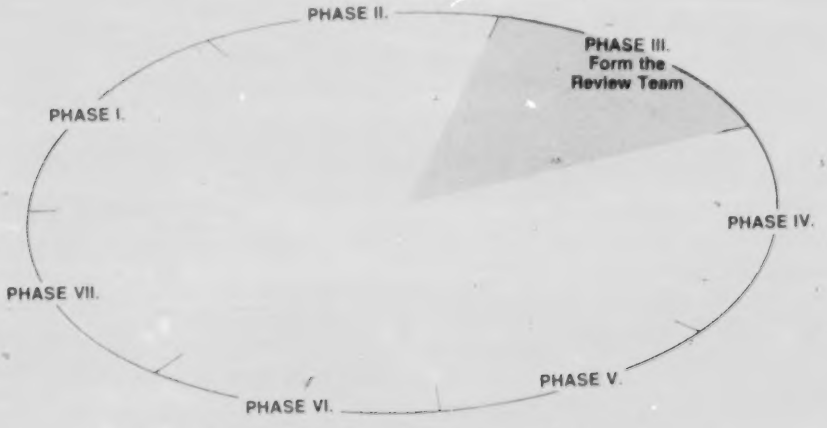
—Information gathering and planning must take place prior to convening the review team. The less time a review team must spend orienting itself to the tasks before it, the greater the likelihood it will be able to devote sufficient time to the actual conduct of the appraisal.

—Remember that data sources are not immune from bias. Try to use data which can be checked for accuracy against other sources.

—Keep everyone informed at all stages.

—It is important that a review disrupt day-to-day operations of the unit as little as possible. Maximum consideration to the scheduled workload of the unit and any limitations which may be imposed by personnel and space are in order.

PHASE III. Form the Review Team



STEP 1.	Select members for the review team and arrange with department heads for members' participation.	MAP coordinator/ Steering committee

The University of California campuses have tried almost as many variations in the composition of review teams as there are campuses: large and small teams, teams with and without off-campus experts in the

technical area, teams heavily dependent on Program staff, and teams without a Program staff member. Two main points of consensus have come out of the U.C. experience:

1. The size and composition of the team are functions of the scope set for the review and the objectives of the institution;
2. The trend is to greater reliance on assigning Program staff members with analytical experience to guide the team through its review and report writing, rather than totally relying on *ad hoc* membership.

In approaching areas for review, the scope of the intended review is a major factor in the selection and composition of the team. A function which has a concentrated scope, e.g., Student Placement, might require a review team of only one or a few members. On the other hand, a function as complex as Facilities Management would require a considerably larger team.

Review teams are changed for each function reviewed, although each team usually includes a professional member of the Program staff. Generally, a team will vary in number from three to seven persons. Larger teams often have not proved to be practical. Some reviews of relatively small areas can be made by one person. In selecting the review teams, a conscious attempt should be made to bring in a broad spectrum of job levels and to make the selections from diverse departments. It is often advisable to select members from departments which either have considerable interaction with the department under review or are "customers" of the function.

Putting the team together is almost exclusively the province of the MAP coordinator and the Program staff. However, the institution can lend support through a policy statement that participation in MAP reviews is part of every employee's official duties. A "typical" review team might be composed of the following:

- —a representative from a major division of the institution;
- —a technical expert in the system or organization from outside the system;
- —a faculty member;
- —a Program staff member;
- —a manager of a department which closely interfaces with the system or one with an overall institutional view, e.g., the planning and budget office;

—if applicable, a representative from the systemwide administration.

Recruiting team members is one of the most important and sensitive tasks undertaken by the MAP coordinator and staff. The task begins with the development of a roster of potential members. The problem is how to recruit busy individuals, and it can be resolved in a variety of ways. One is the "beat the bushes" technique which involves a continuous series of visits to various institutional offices by the MAP coordinator and Program staff to get suggestions for persons who might serve on teams. One of the U.C. campuses started and maintained its roster by calling for volunteers through a variety of media resources. Many people of talent can be found in a variety of jobs. The search should be wide-ranging and open-minded.

Several things assist recruiting. First, high visibility of the Program on the campus advertises its participative nature and attracts candidates. Once the program is well underway, care should be taken to inform review team members regarding actions taken as a result of their recommendations. Recognition of effort is valuable in recruiting future teams.

There are two general modes of actual appointment. The first consists of an informal agreement among the MAP coordinator, the prospective team member and the latter's supervisor. This is then formalized by an announcement of the full team membership. In the second, the MAP coordinator with the concurrence of the steering committee advises the chief executive of team nominees, each of whom then receives a letter of appointment from the chief executive. Naturally, the groundwork must be laid by the MAP coordinator.

What are the desired qualities of a potential team member? It goes without saying that the judgment of the MAP coordinator and Program staff are critical deciding factors. As in any enterprise, the competency of potential members in regular assignments is the best qualification. Perhaps more valuable than a person's organizational assignment or position in the hierarchy are performance reputation and the potential of being an effective appraisal team member. Also, individuals should be considered who have:

—had at least several years experience at the institution or have served in analytical capacities prior to coming to the institution;

—demonstrated an interest in campus organization, activities, and other departments;

—developed a reputation for being objective and possessing good judgment;

—demonstrated an institutionwide perspective.

It is the responsibility of the MAP coordinator to weed out strongly biased persons, difficult personalities, and those antagonistic to the system or organization to be reviewed. Confidence is not engendered in the line manager if a notorious "head-hunter" is on the team. One of our campuses has a policy never to assign a person to the particular review team for which that person has volunteered, but rather to make the assignment to another review.

The correct choice of a chairperson is an essential of success. The chairperson pulls the team together, maintains its impetus throughout the review and leads the writing of the report. As we gained experience, increasing attention has been given to this selection.

Some California campuses have had the review team select its chairperson from participating members; at others the Program staff member always heads the team. A disadvantage of the first alternative is the fact that team members may not have sufficient knowledge of one another's qualifications. This has the effect, among others, of slowing down the take-off period. The second alternative risks imprinting the Program as a captive of "specialists" in the minds of prospective members, and may tend to engender in the Program staff a vested interest in the implementation of review recommendations. Another alternative which has gained currency is to have the MAP coordinator and steering committee select the chairperson. The balance of the team is then chosen as a collaborative effort between the MAP coordinator and chairperson.

A member outside the institution who is expert in the system or organization provides objectivity, technical expertise and often a fresh point of view. Outside experts may be used either as full-time team members or as consultants to the team. If they are in a reasonably close geographical area, their services can be maximized. Our experience with outside experts has been mixed. Some have been reluctant to make critical judgments about the operation; therefore the MAP coordinator should make it clear when recruiting that the institution seeks and wants critical, technical analysis and advice. On the other hand, some campuses have found the experts to be a source of major constructive recommendations for change.

A definite trend exists to assign a Program staff member to every team. Experience has shown that teams formed only with *ad hoc* personnel have difficulty organizing themselves, become unsure of their purpose, and spend an inordinate amount of time writing a report, with the result that the review's impact is weakened and produces few results.

A program staff member assigned to each team has these advantages:

—there is a person who fully understands the management appraisal techniques and processes and can keep the team focused on them;

—there is a continuity of knowledge, experience, and quality standards from team to team;

—there is an expert on analytical methods and procedures readily available for advice and assistance;

—there is a skilled individual to provide secretariat services important at points such as sending and receiving opinion polls and writing the report.

On the other hand, not every institution has a professionally trained analytical person on its staff, nor the resources to hire one. In this case, the need to have such a team member may be filled by recruiting a person with a good general performance reputation and a recognized ability to perform analytical or problem-solving tasks.

There are three other classes of potential members to consider: persons from the system or organization to be reviewed, faculty and students. The practice of including a person from the area or organization being reviewed as a member has been tried only three or four times. The person's defensive bias prevents objectivity and interferes with the team's work. The practice has been abandoned as unwise, as it violates the old precept that "you do not put the mice in charge of the cheese." On the other hand, a senior, knowledgeable person in the functional area who consults with the team as a resource person—but has no responsibility for the development of findings or writing the report—can be advantageous.

The continuous search for team panelists should include faculty as well as administrators. Faculty members have proved to be among the strongest chairpersons and the most productive team members. In recruiting faculty it is important to assure that teaching and research schedules are such that sufficient time is available for the review. The MAP coordinator should also ascertain whether the faculty member has an interest in management appraisal activities and in the organization to be reviewed. Joint participation by faculty and administrative staff on a team may help to overcome some of the isolation of the two groups.

An institutional canard exists to the effect that the institution would run better if it could just get rid of the students! Suffice it to say that the students are as essential to the success of certain reviews as they are to the institution, and their participation is a "must" in reviews of student-oriented areas, such as Student Financial Aid and the Student Health Program. Not only does the student member provide the team with a tie to the "client interest," but the review gains credibility with students

perenially skeptical of institutional moves on their behalf. For example, at the Los Angeles campus a leading student government official participated in the review of the campus Police Department—always a touchy subject. The active student involvement helped the report gain acceptance with the student body.

The list of prospective members should be discussed with the line manager to permit the latter to raise personal objection to nominees. This helps to built cooperation and trust from the beginning. Some line managers feel strongly that the team should consist only of their management peers, and discussion provides an opportunity for an exchange of views. One way to accommodate the aforesaid view is to have at least one manager on a team.

The MAP coordinator should confirm selections with the steering committee. With names firm, the MAP coordinator requests each person to serve and advises of the time required per week, the planned duration of the review and what is expected of the team member. If the review spans the summer, this should be made clear. Clarifying such points assures the selection of a willing member who has time for the task. The same points should be discussed with the individual's superior, and arrangements should be made for released time. Nothing is more discouraging to a member than the knowledge that a superior expects that primary duties be discharged at the same level as if the member were not serving on the team. A formal notification to team members and their supervisors, signed by the chief executive, the MAP coordinator, or the steering committee chairperson, helps to avoid this problem.

STEP 2.	Familiarize review team with MAP processes and style of work.	Program staff
STEP 3.	Confirm and adopt statement of scope of review.	Review team
STEP 4.	Confirm work plan with line manager(s).	Review team
STEP 5.	Discuss methods and procedures with review team.	Program staff
STEP 6.	Prepare detailed task plans using *Guidelines* and orientation material previously assembled by staff.	Review team

STEP 7. Assign specific tasks to team members. — Review team

Sifting out the key points, successful review team preparation always includes the following:

- —early and thorough briefing of the chairperson;
- —thorough briefing of the team;
- —study of the *Guidelines'* responses and background material; establishing liaison with the line manager(s);
- —adopting a scope of the review and timetable (including regular feedback meetings);
- —dividing the work and assigning specific tasks to members.

The importance of early briefings has become increasingly apparent. The success of one review was due in no small measure to a series of briefings of the chairperson by the MAP coordinator begun immediately after the chairperson's appointment. Any uncertainty about MAP objectives, the process and use of the *Guidelines* was effectively eliminated. The same outcomes are intended for the entire team. Prior to launching a team on its own, an institution can schedule one or two day-long sessions to cover such points. Perhaps one of the best ways to give a feel for the task is to quote a briefing session checklist (edited for the purpose of this *Guide*) prepared by the Program staff of the San Francisco campus of the University of California.

EXHIBIT 5.3

Briefing Session Checklist

Purpose—Reaffirm the *purpose* and goals of the management appraisal process and the roles of the campus steering committee, the review teams and the Program staff. (Emphasize the concept of support and assistance to managers.)

Scope—Describe the *scope* of the proposed study and evaluation. (Stress that an operation is to be reviewed, rather than an organizational unit. If more than one department is involved, outline exactly which departments or organizational units are to be covered.)

Time Frame—Outline the anticipated *time frame* for the review. (There must be a plan, schedule and target date, but they are flexible and subject to readjustment.)

Outcomes—Define the expected *product* of the review project. (A report of findings and recommendations, which will concentrate on functions and processes, rather than on the strengths and weaknesses and personal characteristics of *individuals*.) Emphasize an expected *by-product*. (The attention of the manager is directed to managerial processes so

as to improve them. The review team's goal is to assist the manager in developing solutions to problems.)

Participation—Emphasize the importance of *involvement* of personnel in the affected area. The review will be announced to the entire staff(s) of the unit(s) involved, and a channel established for everyone with comments or suggestions to have an opportunity for input to the review team. (A *Host Group* of representative employees in the affected area may be selected by the line manager(s) to facilitate work of the review team.)

Pre-Planning—Explain the need for a *pre-planning* session between manager(s) and the review team, to be held as soon as possible. (The purpose is to plan and schedule the work so as to produce the least possible disruption of normal operations, to identify the records and information which the review team will require, and to clarify the persons whom it will wish to interview and/or any other procedures or methods which it may choose to employ.) The *Guidelines* will serve as the principal analytical tool.

Review Team Procedures—Describe the policies and standards for review team procedures and methodologies and for its relationships with management and staff of the areas to be reviewed. Outline the extent and limits of the review team in establishing methods and procedures. (Emphasize again that the overall purpose of providing support and assistance to management implies a close continuing contact with the responsible line manager(s) during the period of study.) Identify the procedure for *resolution of problems* which arise in the course of the study. (The review team chairperson is to make a prompt and sincere effort to resolve any problem by open discussion with the line manager(s) concerned, in a friendly and objective manner. If they fail to agree, the issue in dispute should be forwarded to the steering committee.)

Confidentiality—Explain the policy and procedure on *confidentiality* of data and findings. (In general, the MAP review is to be handled as an open and visible process, without secrecy. However, review teams are to refrain from making any adverse or critical comments, or any suggestions for changes or improvements, to *anyone* either within or outside the affected organizational units, other than to responsible head(s) of such unit(s). The review team furthermore should make every reasonable effort to keep in confidence, when so requested, the identity of any person furnishing information to it.)

This preparatory stage is concluded by quoting the Director of Management Analysis at one of our largest campuses, who, after serving on a review team at another campus, said:

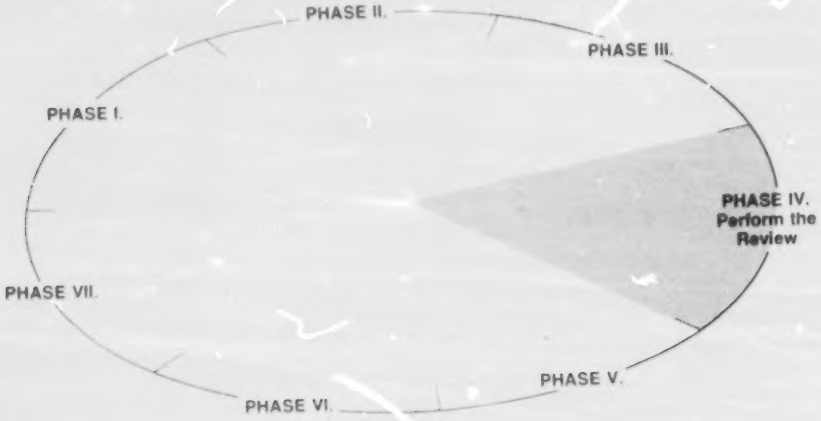
> I believe that the success of this specific effort is the result of the care taken in the selection of the seven members making up the evaluation team, the appointment of an extremely effective chairperson, the effort devoted to the development of a scope statement prior to actively launching the evaluation, the individual team assignments and the adherance to a realistic time-table. Not to be overlooked was the total open responsiveness of all persons concerned, internal and external to the Center, with the evaluation. The desire to seek improvement is certainly prevalent throughout the campus.

6.

Performing the Review

PHASE IV. Perform the Review

There is a continuous flow from Phase III into Phases IV and V. Arbitrary divisions are made only for the convenience of the reader. In practice you will find that some events go on simultaneously, or that some take place in an earlier or later time frame.



STEP 1. Collect data (e.g., review policies and procedures, conduct interviews with unit staff, utilize additional questionnaires	Review team

	or opinion polls, review budget documents).	
STEP 2.	Analyze data: a) organize data for analysis (e.g., tabulate survey information, summarize and organize interview data) b) interpret data.	Review team
STEP 3.	Identify organizational, process and service problems.	Review team

The Review Team's Role and Functions

The steering committee, team members, organizational personnel and campus personnel should have a clear understanding of what the review team's role encompasses. Simply stated, the review team's function is to review the operations of a department or system, and to appraise its strengths, weaknesses and effectiveness. The review team indicates to the institution and to the line manager, with suggested priorities, opportunities for improvement and greater effectiveness; it also renders professional management assistance to the line manager.

The review team's role as problem solver is limited. The team analyzes and describes the problems or deficiencies it finds and makes broad recommendations for changes. It may suggest alternate solutions to a particular matter, but the final responsibility for devising and implementing the detailed solution lies with the line manager.

If the team discovers a situation which requires further technical study, e.g., a recharge procedure, it should make a recommendation to that effect but should not essay the study. Most campuses have in-house experts to undertake specialized studies who are technically qualified in areas such as accounting, budgeting, information systems analysis, engineering and management analysis. Mobilizing for the line manager the appropriate technical skills to make specific analyses and to assist in implementing changes is the preferred procedure.

Matters to Address. To achieve its purpose, the team must address specific concerns. The most useful areas to review are those related to the review's purpose and those within the established scope of the review. Among the major areas commonly reviewed are:

—basic objectives of the functional area or organization;

—human and physical resources and their organization;

—communications effectiveness;

—methods of control and their effectiveness;

—standards for measuring performance and their application;

—quality of service to the campus;

—effectiveness of operations;

—interdepartmental relations;

—organization and assignment of responsibilities;

—implementation and adherence to campus policies.

Exhibit 6.1 suggests a variety of elements within the aforementioned areas which the review team may want to consider, although not all the elements will be taken into account in each review.[1] Many are given a more specific identification by inclusion as questions in the *Guidelines* section, "The General Management of an Organization," and in the technical sections.

EXHIBIT 6.1

Topical Checklist for Review Team

Unit Objectives:

- relative to overall organizational objectives;
- relative to related units objectives;
- review general results versus objectives;
- review consistency between objectives and operations.

Parameters of Unit Operations:

- review unit balance within the operating environment;
- appropriateness of physical location;
- appropriateness of organizational location;
- usefulness of organizational interdependencies;
- effectiveness of support from lateral functions;
- appropriateness of external points of coordination;
- adequacy of support from higher levels of management;
- appropriateness of the nature, amounts and uses of assigned resources.

Personnel:

- review skills and number versus assignments;
- review assignments versus classifications and position descriptions;
- notice organizational relationships versus personal compatibilities;
- notice the level of job satisfaction, morale and *esprit*.

Finance

- review budgeted amounts versus operating requirements;
- review expenditures against campus and unit priorities;
- review effectiveness of budgeting procedures;
- review effectiveness of financial reporting;
- review adequacy of financial controls;
- review adequacy of payroll and timekeeping procedures.

Facilities:

- review the nature, size and quality of facilities;
- review relationships of space and location within and among functions;
- review equipment versus operating efficiency.

Unit Organization:

- review adequacy of, and compliance with, operating arrangements:
  - organizational policies, rules and regulations;
  - interdepartmental policies and procedures;
- review unit operating plans against parameters, objectives and actual operations;
- functional components, policies and plans;
- distribution of resources;
- delegations of authority.

Tools and Processes Used to Coordinate Action:

- review actual operating processes for results and efficiency;
- review unit policies and procedures for completeness, clarity, usefulness and compliance;
- review delegations of authority as practiced against formal delegations;
- review internal communications techniques:
  - memoranda and other written communications;
  - staff meetings;
  - individual personal contracts;
- review external communications techniques:
  - higher management staff meetings;
  - visits to customers and related functions;
  - release of appropriate information in organization publications;
- review of systems development and utilization;
- review of feedback and control devices or techniques;
- review degree of participation in decision-making processes.

The Team's Style. Carefully planned interaction between the team and members of an area under study encourages open participation, establishes respect for the independence and capability of the team members, and promotes understanding of the recommendations. Everything should be done to minimize the development of a "we-they" situation. Individual and group meetings are necessary to ensure full support from the

management of the organization being appraised. From the beginning the team must be completely candid when informing people of the purpose and nature of the review. Earlier, in discussing the MAP coordinator's first meeting with the line manager, it was pointed out that the unspoken questions "What's in it for me?" and "How can this adversely affect me?" may appear scarcely concealed. The same is true at this stage, and the team must demonstrate its sensitivity to such fears and allay them through its actions and conduct.

The team should adopt a broad-gauged, managerial viewpoint. MAP's orientation is toward issue-concept analysis rather than methods and procedures analysis. The team must seek facts and carefully distinguish them from opinions. An even-handed appraisal, noting both strengths and weaknesses, is the desired aim.

The team functions as a group of professionals whose purpose is to assist the institution and the line manager. The team should do everything in its power to foster an atmosphere of trust, remembering that the primary responsibility for solving problems lies with the unit under review. It should be clear that the review team represents extra staff assistance to the line manager and in no way is it intended that the review team should usurp basic managerial responsibilities.

Team members should refrain from discussing findings and making critical comments to anyone either within or outside of the affected unit, other than the line manager. The manager should be informed that the team's report will be handled confidentially until the steering committee decides on its disposition. An exit interview may be scheduled with the line manager to review initial findings and tentative conclusions. This generally helps to lessen anxiety and engender confidence.

Tactics and Transactions. Responses to both the *Guidelines* and the opinion polls are primary guides for the team in planning its interviews and examinations. The responses highlight key areas and significant problems which should be pursued.

During the appraisal, the responses to the *Guidelines*-based questionnaires serve as reference points to keep members on track and to ensure that they do not overlook a significant item. Some teams have developed their own questionnaires and checklists directed to the sub-areas and problems selected for appraisal. A checklist can be extremely helpful in making an appraisal and serves as a guide in seeking answers to questions raised by the team's preliminary study.

Most teams take advantage of the specialized skills of members and assign each member one or more functional areas for investigation. Typical assignments might be organization and planning, financial resources management, technical processes, or interpersonal relations and communications. Members are expected to apply their experience and

knowledge to the investigation and ascertain what level of performance the organization or system has attained.

In dividing the work and making assignments, a two-person sub-team is a common device in addition to individual assignments. The chairperson will want to assure through regular meetings of the full team that sub-teams are staying on course and meeting their objectives.

The entire campus is the field for investigation by members, although the work will be concentrated in the functional area or organization being reviewed. Interviews are conducted in a variety of places and at diversified levels with staff both within and outside of the organization. The team will want to address the following:

—interviews with non-supervisory personnel in the unit(s);

—interviews with people outside the unit who interface with it and are in a position to know how it is operating;

—sample inspections of finished work;

—examination of data contained in administrative reports pertaining to the organization to be reviewed (such as personnel turnover);

—background materials about the development of the current structure and procedures, and results of previous attempts to analyze and solve administrative problems;

—background information concerning matters of staffing and the assignment of responsibilities.

Control of the review as it progresses is the responsibility of the chairperson, who is normally assisted by the Program staff. Effective coordination by the chairperson is essential to keep the review on target. In order to assure consistent progress, team members must keep in close contact with one another and with the chairperson. Teams should hold regularly scheduled meetings to exchange information, assess and modify plans (if necessary), report preliminary findings and take on new assignments.

Any problems which may have arisen with the line manager or staff are discussed here so that they may be resolved by the chairperson and line manager. The Berkeley campus, because of its relatively large size, sets up a regular series of checkpoints to monitor the entire review process. These are derived from the scope and work plan and are used to keep the team on course. Meetings reporting task progress are held once a week.

Regular team meetings are an opportunity to assure a consistent depth and quality in the investigations of individual members. For example, at one campus the line manager complained about the superficiality of a

member's investigation. At the next meeting, the chairperson was able to remind the team and that member in particular of the expected quality of appraisal.

Meetings between the team and other interested persons serve other worthwhile purposes. Teams may discover problems not directly related to the scope of the review. Meetings give the team an opportunity to alter the course of the appraisal when investigation turns up the unexpected. Any changes should be discussed with the MAP coordinator to assure that the proposed change is consonant with the institutional purpose of the review.

The accumulation of data requires control. It is possible for members to lose their way in the investigation process if direction is not consistently reiterated. U.C.L.A. has attacked this problem by asking members to concentrate on defining broad problems and areas as they conduct appraisals and to weigh the need for data in the light of each problem defined. Another useful device is for the team to form at least a tentative topical outline of its report some time during this period.

Some Critical Points

We have covered considerable ground in Chapters Five and Six. It may be helpful to step back from the process and to indicate briefly a few ingredients essential for success:

- —have a clear-cut understanding with top management regarding the review, its purposes, and management's ultimate responsibility to take action on recommendations;
- —clearly define the objectives of the review;
- —carefully select the review team chairperson;
- —set the scope of the review in writing at the outset: put definite boundaries around the review—do not attempt to cover the waterfront;
- —construct a tight schedule for the review;
- —control the review: there must be strict control over the various avenues opened up by the review team's investigation.

NOTES

1. Adapted from materials developed at the University of California, San Francisco.

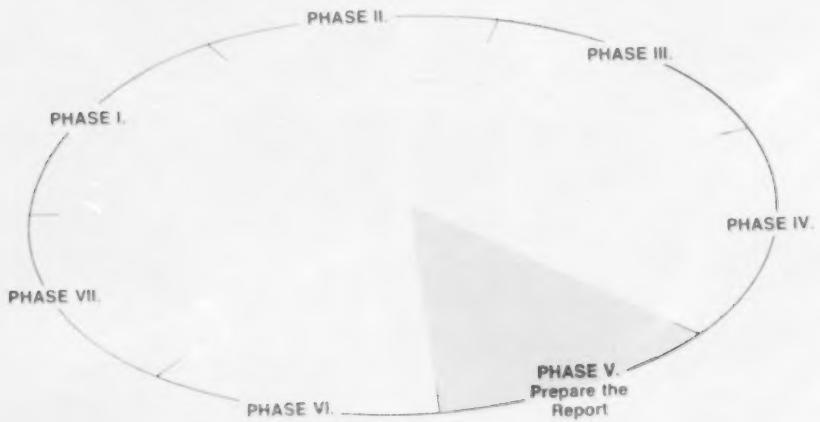
7.

Formulating, Reporting and Implementing Recommendations

PHASE V. Prepare the Report

The MAP review cycle has been divided into phases and sequential steps, though some actions can be almost simultaneous or else shifted in sequence. Divisions are necessary to eliminate blur among closely impinging actions. In Phases V, VI and VII of Chapter Seven, divisions are additionally necessary because each phase has a different, specific objective with regard to *performance*.

In Phase V the outcomes are recommendations for action contained in the MAP report. These are the *desired* performance objectives for the organization which has been reviewed. The objectives are formulated by the review team and approved by the steering committee.



In phase VI the outcome is an agreed *plan of action* which formalizes, in response to the MAP report, the special performance objectives for the organization being reviewed. We use the term "special" to distinguish these objectives from the organization's basic mission objectives. The plan is drafted by the line manager and supervising executive and approved by the steering committee.

In Phase VII the principal outcome is the achievement of results by the organization reviewed, or, in other terms, the *attainment* of the special performance objectives. The tasks are performed by the line manager and progress is monitored by the steering committee.

STEP 1.	Formulate recommendations of alternative approaches to operations and organization to assist management in solving the identified problems.	Review team

Background data, responses to the *Guidelines* questionnaires and opinion polls, interview results, on-the-spot observations and discussions among team members are blended to permit choices which will lead the team to the formulation of findings and recommendations. It is important to keep all data in perspective and to shape that which is significant and consonant with the review purpose and scope.

One device for zeroing in on the essential is to organize material by key result areas[1], i.e., the basic, on-going activities which the organization or system must accomplish. A Santa Cruz team defined these areas in this way:

- —quality of service as perceived by users and staff;
- —communicating to the campus the services available from the organization and users' understanding of what is available;
- —resource utilization, including budgeting and planning;
- —leadership, morale, employee satisfaction, involvement in decision-making;
- —definition of goals;
- —quality of financial resource management.

STEP 2.	Determine report format and content.	Review team

The MAP report normally includes a minimum of six sections: introduction, identified problem areas, body of the report, recommendations, suggested strategies for implementation, exhibits and appendices plus minority reports (if any). A brief discussion of each follows.

Introduction:

- the date the project was initiated by the steering committee and the initial charge;
- the names of members of the review team and their positions;
- a brief statement of the scope of the review effort, e.g., indicate why and how the particular management system was selected for review, any operations or functions omitted from review, and the bases for decisions;
- the name(s) and location(s) of the organization(s) addressed in the review and the line manager(s) responsible for the supervision of the organization(s);
- the names of staff members assigned to support the review team;
- a brief statement of the manner in which the team operated, the methodology used to gather relevant data, and other significant occurrences that influenced the actual conduct of the review.

Problem areas identified: A series of concise statements indicating the problem areas identified by the review should now be formulated. Remarks should be confined to statements of fact. Indicate which problems impact on other management systems within the campus administration, and the extent to which the organization has inherited problems originating elsewhere. Be direct. Underscore those problems which will be dealt with in the recommendations.

Body of the report: The body of the MAP report presents the findings and conclusions of the review team. Specific recommendations for improvements or changes should be documented and fully explained. It is generally useful to divide the report into topical sections reflecting the different areas covered by the review.

Recommendations: The recommendations should be clear, sufficient, substantive statements suggesting changes in procedures, policies and/or responsibilities. All recommendations should explicitly indicate how, if implemented, they would increase the effectiveness of operations. Alternative solutions should be included where appropriate. A summary of recommendations is useful to executives and others who must consider the report for decision and action.

Suggested strategies for implementation: Finally, the report should suggest in broad terms a logical and orderly course of action to implement the recommendations. The usefulness of the report will be enhanced if the team identifies the means and steps necessary to assure that appropriate action is taken.

Exhibits and appendices: Selected, significant documents examined by the team, and references in the report, if not too bulky, should be included as an appendix or exhibit. A final page should indicate the name of each person receiving a copy of the MAP report.

Minority reports: Minority reports should indicate the specific findings and recommendations of dissenting team members. Reasons and explanations for the alternative findings or recommendations should be included.

STEP 3.	Assign drafting responsibilities; prepare draft of report.	Review team
STEP 4.	Discuss, evaluate and revise draft report.	Review team/ Program staff
STEP 5.	Discuss draft report with line manager(s).	Review team/ Program staff/ MAP coordinator
STEP 6.	Prepare final report and present to steering committee.	Review team

Our discussion turns now to the questions, "Who are actually going to write the MAP report, and how do they go about it?" The answer to the first part is the entire review team, with the Program staff and/or the chairperson as the driving forces behind the effort. In answer to the second, we realize that practically everyone in an institution has experience writing reports in some form, so we restrict our discussion to the peculiarities of a MAP report.

Suggested below is one way to proceed with the drafting of the MAP report. Borrowing a metaphor from the Apollo Project, a series of green lights illuminate the report writing control panel as each successive step in the process is completed. When all the "greens" are lit, the MAP report is ready to be launched. The "greens" are indicated below by triangles preceding the critical event.

As mentioned earlier in Phase IV, the review team should have formulated at least a tentative outline for its report at the beginning of the appraisal. The division of labor among team members carries into the

writing of the report. The individuals or sub-teams are assigned to draft the part of the report covering that area which they appraised. Many sub-teams begin their drafting toward the end of the appraisal phase.

A definite schedule, including the production of sub-team drafts, composite drafts, and the final draft and report must be agreed upon and adhered to. Sufficient time for team discussions should be allowed. The task should be completed in two to three weeks.

▲ In accord with the schedule, all members exchange reasonably complete drafts with one another. The individual drafts are compiled into a single draft by the Program staff, or by the chairperson if there is no staff member. Compilation by the Program staff lends homogeneity to the report, provides uniform specificity to findings and recommendations and serves to narrow the field of potential recommendations.

▲ A draft composed essentially of a body of findings is distributed to all members. The most critical part of the report-writing process now takes place. Discussions among the team leads to settling on major recommendations for action, secondary recommendations, and the overall presentation of findings. Agreement is reached on the general tone and content of each section of findings. From the discussions the Program staff collates the recommendations and prepares the final draft, which is distributed to all members.

▲ The team reaches agreement on the final draft. The draft should include a minority report or opinion, when applicable. This is recommended on two counts: the minority report obviates the watering down of strong convictions in order to achieve consensus and speeds production of the final report. It should be pointed out, however, that some feel that minority reports lead to divisiveness.

▲ The team discusses the final draft with the line manager. No substantive changes are made in the draft unless errors of fact are determined. Should the line manager take major exception to findings and/or recommendations, these are either noted in footnotes to the appropriate paragraphs, or, if extensive, covered by reference in a transmittal letter to the Steering Committee. The discussion also apprises the line manager of the nature and dimensions of the team's findings.

Some variations on the above model should be noted from U.C. experiences. At institutions which do not have a full-time Program staff, the burden of coordinating the report-writing must be assumed by the chairperson. It should be pointed out that there are two different ways the report-writing task may be accomplished. One is "writing by committee" when the entire team reviews collectively all the data and attempts to formulate a report. This has proved to be slow and cumbersome. At the other extreme, the Program staff exclusively writes the report. All the

collected data is turned over to the staff which writes the draft based on analysis of the data. The draft is presented to the team for comment and amendment, and then returned to the staff which draws up the final report.

While speeding up the process, the latter method somewhat removes the team from the mainstream and risks possible misinterpretation of the intent of the recommendations. The Program staff must be careful to reflect the team consensus and refrain from coloring the report with unfounded interpretations. The middle course outlined above, where team members exchange drafts which are then compiled by staff, appears to combine the advantages of both extremes.

Although MAP's central focus is appraisal of systems and organizations rather than individuals or personalities, the question inevitably arises, "What do you do when overwhelming evidence points to an inadequate person as a problem?" In Phase IV we pointed out the necessity to maintain such a finding in strict confidence during the review. Each institution will have to decide for itself the course of action to follow. Certainly, in addressing individuals, there is some risk of compromising the credibility of both the institution and the Program. Experience in several cases recommends not including an adverse personnel finding and recommendation in the report. The steering committee may be advised in confidence outside the normal report channels. Proceeding in this manner maintains trust in the assurances made throughout the Program that reports will not publicly reflect individual performances.

STEP 7. Review, approve and distribute final report — Steering committee

The steering committee approves individual action recommendations and forwards the MAP report to the supervising executive and line manager for implementation. The steering committee's action may include modifications and clarifications.

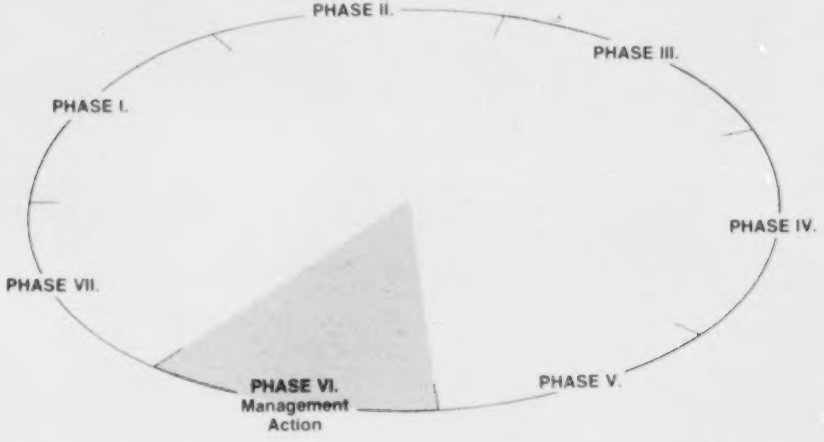
In the letter of transmittal the supervising executive is requested to report back within a specified time, usually 60 days, indicating either acceptance of the recommendations and plans for implementation, or proposing alternatives to recommendations, with reasons why they are feasible.

PHASE VI. Management Action

The theme of Phases VI and VII is assuring managerial accountability. The point of focus in Phase VI is the line manager's plan of action.

including formal response to the recommendations presented in the MAP report. The primary actors are the MAP steering committee, the line manager and the supervising executive (the line manager's immediate supervisor).

The review team's participation in the MAP review cycle concludes with the issuance of its report of findings and recommendations. The steering committee, having received and approved the report, sends it to the line manager and the supervising executive. The manager and the steering committee now collaborate to develop and adopt a strategy to implement the recommendations. At this phase an institution's determination to manage its resources persistently and systematically is tested and demonstrated.



STEP 1.	Submit to steering committee a plan of action responding to review team recommendations.	Line manager(s)/ Supervising executive

The line manager and the supervising executive are now responsible for generating a plan of action to implement the MAP recommendations. The line manager is obliged to develop earnestly and vigorously means to engineer the necessary changes in the operations of the organization. An assessment of the resources needed to institute the changes is necessary. A willingness to engage in thoughtful reappraisal is another precondition to the eventual success of the appraisal process. The manager's ability to plan skillfully innovation and change is needed in Phase VI.

In developing an initial plan of action, the line manager should discuss the content of the MAP report with the supervising executive, so that they may come to an agreement on the relative importance of the individual recommendations and make initial determinations regarding an implementation schedule. Most significant, there should be agreement on the availability of resources to the line manager for the purpose of effecting the recommended changes.

The line manager should establish performance targets to make the changes recommended in the report. The list of targets reflects the line manager's plans for improving the effectiveness of the organization's operations. A definite time period should be specified for each target and checkpoints established with the supervising executive to assess the line manager's progress. The line manager and supervising executive need to agree on what "measures" are valid indicators of progress. Seldom are the means of measurement perfect. Yet agreement can be reached concerning what things should be considered when trying to evaluate progress, and how the various factors should be combined in the final assessment.

The plan of action should contain both long-term and short-range goals. It should indicate the rationale for alternative action or for nonaction on any recommendation, depending upon the judgment of the line manager and the supervising executive. Priorities must be clearly specified. A timetable should be included with the line manager's plan when it is presented to the steering committee. Having completed the development of the plan, the line manager and the supervising executive meet with the steering committee for the latter's appraisal of the manager's response to the MAP report. Experience has shown that a number of changes in the line management organization already will be underway.

STEP 2.	Assess review team report and action plan from line manager(s); discuss with line manager(s) and supervising executive, if necessary.	Steering committee/ MAP coordinator
STEP 3.	Evaluate and approve recommendations to be carried out by line manager(s).	Steering committee/ MAP coordinator
STEP 4.	Obtain agreement from line manager(s) and supervising executive.	Steering committee/ MAP coordinator

The steering committee represents the conscience of the institution. Its fundamental obligation in the review cycle is to express and preserve institutional objectives and standards. As a result of this position in the institution, it is entrusted with the responsibility to assess and monitor progress during the implementation process. The steering committee must protect the integrity of the recommendations it has endorsed and encourage that they be pursued.

Assessing the potential effectiveness of the plan of action is another responsibility of the steering committee. It should be satisfied that the plan accords with the intent of the findings and recommendations, and that a systematic course of action is proposed. If the line manager or the supervising executive resists developing a strategy to implement a particular recommendation, it is up to the committee to hear them and arbitrate the matter. The review team chairperson may be called for consultation. The committee, the line manager and the supervising executive must agree upon checkpoints in the implementation process to appraise and endorse progress. Some form of feedback is in order.

To summarize, in its review of the proposed plan of action the steering committee should:

- assure that all transactions take place in an atmosphere of good faith, and that the viewpoints of all participants are adequately considered;
- ascertain that improvements and changes will occur in consonance with prevailing institutional objectives;
- assure that action is taken; accountability equals results;
- determine what kinds of follow-up assistance are needed by the line manager(s) to assure effective, long-run improvements in performance.

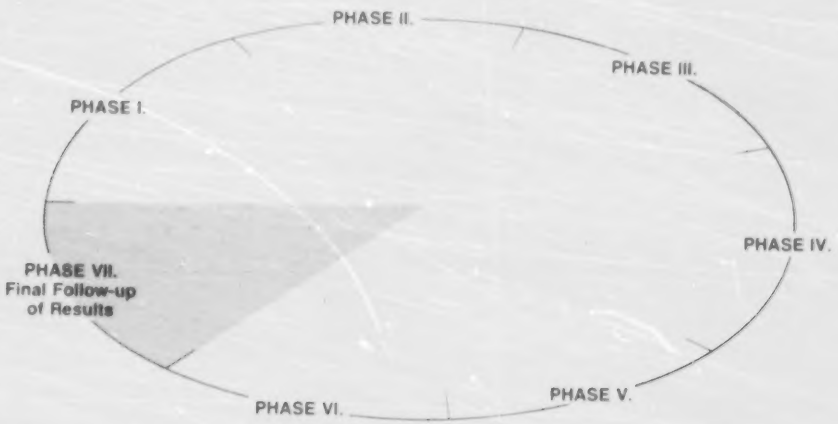
PHASE VII. Assure Results

It is difficult to distinguish the activities in Phase VII from the day-to-day work of the institution. The activities previously identified with MAP stand out in relatively bold relief, but the actions in this phase occur mainly in the operations of the organization reviewed. We distinguish them because they are aimed at the vital question, "Are we attaining expected results?"

We hear a lot about accountability. Leon Lessinger attests that "Accountability has become the 'in' word in education, and judging solely from the sheer volume of books, articles, editorials and speeches published since 1969, it seems safe to say that *The Washington Post* may be

correct in its designation of education as entering an 'Age of Accountability'."[2] He points out that accountability in education is "an accountability for results . . . In very direct form, accountability is the degree to which a system succeeds in delivering on its promises for the resources provided. Technically speaking the adjective *performance* should be placed before the noun accountability . . ."[3]

Going back to basics, MAP's long range benefits derive from consistently adhering to the institutional purpose, discovering and planning needed changes, and most important, assuring that they are realized. Amitai Etzioni underlines the last point when he says that bowing toward accountability is mere rhetoric "when divorced from any systematic efforts to promote actual attainment of the desired results, to 'do something' about the situation."[4]



STEP 1.	Monitor implementation progress.	MAP coordinator/ Steering committee
STEP 2.	Submit progress reports on implementation to steering committee.	Line manager(s)

What are the forces necessary to assure positive change? Foremost, management and staff in the line organization must share the conviction that changes and improvements are necessary. In our experience we frequently found that recommendations were implemented immediately as a result of discussions between the line manager and the review team. The managerial authority chain of supervising executives can provide

effective inducements. The steering committee, assisted by the MAP coordinator and Program staff, is also a permanent influence as a change agent. An added incentive can be provided by tying planned actions and changes into the institutional planning and budget cycle. Finally, all forces require the backing of the chief executive.

The manner in which follow-up is carried out and progress measured is not as important as the fact that they be accomplished as part of the institution's permanent management structure. This may be done informally, but most campuses have found it necessary to establish some mechanism to assure results. The steering committee can ask for reports from the line manager, and the Program staff can be given the responsibility to determine the status of actions. A steering committee may want to furnish periodic reports to the chief executive summarizing overall progress. At the San Diego campus, the steering committee chairperson monitors report feedback from line managers, and these reports are discussed periodically. As implementation progresses, the steering committee may decide to defer action for good reason, such as the advent of a new manager, or to accommodate reorganization.

Setting up either cyclical reviews of areas already covered or specific follow-up reviews is another device to assist in assuring results. Recommendations from the original reports serve as the principal focus of follow-up reviews. The status of action taken with regard to previous recommendations is made part of the new report. Observations include whether conditions were maintained at the *status quo*, were improved, or had deteriorated. U.C.L.A. for example, included in one initial review plan a questionnaire designed to measure specific changes in the organization after a one-year period. Generally, the supervising executive is responsive to such follow-ups. It is not necessary to employ a full-scale review team in cyclical follow-ups unless the majority of recommendations in the initial MAP report have not been addressed.

The following excerpt from a review critique at the University of California's Riverside campus illuminates what this whole phase of implementation and follow-up is all about. Italics have been added to highlight the principals involved and the web of implementation and accountability. Generalized titles have also been added in parentheses.

EXHIBIT 7.1

Excerpts from a Review Critique.

After the report was reviewed by the *steering committee*, the *Chancellor* (chief executive) sent a memorandum to the *Dean of the College* (supervising executive) stating, "I, therefore, give this study my strongest endorsement and ask you to assist in every way possible to implement the recommendations of MAP at the earliest possible time. . . . The

MAP recommendations should give (the department) an administrative unit equal in quality to the department's academic status." This was followed by communications between the *Dean* and *Department Chairman* (line manager) supporting the report recommendations and stating, "I will expect due *notice of significant deviations* from the report, with explanation for consideration and *reporting to the Chancellor*." The *Department Chairman* in turn sent copies of the report to all *academic, clerical, and secretarial staff* (line management organization) with the following guidelines:

"The *recommendations* in this report, which have been endorsed by the Chancellor and by our Dean, *will be implemented* during the 1974–75 fiscal year, with the recognition that the final result, in each detail, may not be exactly as recommended by the MAP team but it will be a very close relative. In general, it is expected that the first set of summarized recommendations in the report will be adopted, as completely as possible, in a stepwise fashion starting at once with the least disruptive or most easily accomplished changes. Adoption of the second set of recommendations depends upon enlargement of departmental office space, and other factors to be determined upon completion of the fiscal year.

The Division Heads and I will welcome constructive written commentary from any of you, for it will be *our joint responsibility to defend deviations from the recommendations* or substitute recommendations we may wish to make.

We hope you will regard this entire report as an objective evaluation of our management structure and practices, carefully prepared by experts trained to weigh and balance all obvious details in complex management operations and schemes. We will continue to inform you in advance of the changes that will be made, especially where personnel responsibilites and personnel relocation are involved."

STEP 3.	Critique review activity and results (include evaluation of project methodology, suggestions for changes in procedures, etc.).	MAP coordinator/ Program staff/ Review team
STEP 4.	Submit closing report to steering committee and chief executive.	MAP coordinator

The basic premises of management appraisal are grounded in a commitment to continuous self-appraisal and process assessment. Once implementation begins, the MAP coordinator and Program staff should undertake an assessment of the effectiveness of the review process. All principals involved in a review need to participate in a critique of review activities. This can be accomplished in an informal, round-table discussion or in a more formal mode using summary evaluation questionnaires.

Noting problems, pitfalls and strengths while the process is fresh in everyone's mind will lead to refinements in ensuing reviews. A brief, written record of the major findings of the critique should be assembled by the Program staff and given to future review teams as a documentary

tool to help in planning and executing future reviews. As stated at the outset, the Program will be of maximum benefit only if tailored and modified to meet the needs of the setting where applied.

The following checklist serves as a discussion guide to assessment.

1. Assess the scope statement prepared early in the review process. Did the scope statement adequately define the parameters of the review?
2. If certain operations or functions are omitted from the review, what are the reasons for the decisions and how have they been formalized?
3. What factors were considered in selecting the organization for review? Did any of these factors tend to make the review successful or unsuccessful?
4. What considerations influenced the selection of the review team members? Did the team constitute the right mix to accomplish its tasks? If individuals or consultants from outside the campus were involved, were they useful?
5. How would you rate the effectiveness of the review compared with previous MAP reviews? What are the significant factors that lead to these conclusions?
6. What was the nature of the relationship between the review team and the steering committee? Did the steering committee encounter any problems relative to the consideration and adoption of the review team's recommendations?
7. Critique the overall methodology used in the actual conduct of the review. What changes should be made in future reviews?
8. Estimate the work hours and other significant costs incurred in the review.
9. Critique the *Guidelines* used in the unit review. What, if any, changes should be made to make them a more useful tool?
10. Was the implementation process adequate to assure that action was taken by line managers in response to approved recommendations in the review team report? What techniques of interaction with managers tended to encourage understanding of and action on recommendations?
11. Assess the effectiveness of any innovations tried in the MAP review process.

12. As best you can, assess the general level of satisfaction with the process and its outcomes—from the line manager(s), Program staff, review team, steering committee and MAP coordinator.

An institution is advised to determine its policy regarding requests for disclosure of information contained in MAP reports. Although we have had only one request in our Program's history, the possible interest of individuals, employee groups and legislative bodies should be anticipated. Prevailing laws should be checked.

Conclusion

Organizations generally find the *status quo* a feasible state. Changing organizational practices requires management effort and time. Often it requires altering accustomed practices and habits of staff who are satisfied with things as they are and who believe in their present ways of working. Changes often require money, a commodity in short supply on college and university campuses. If new skills are needed, either retraining of existent staff or employing new people is necessary. It is no small wonder that managers want and need to be convinced that new practices will have significantly better outcomes than old ways before disrupting existing arrangements.

Carol Weiss in a work on evaluation research explains:

> . . . organizations have concerns other than achieving their goals. They are interested in survival. They want to generate support, maintain their position in the political and interorganizational environment, satisfy their constituencies. Nor should these survival concerns necessarily be viewed as antithetical to the achievement of goals. Although they can contribute to organizational rigidity, they are also in one sense preconditions for effective activity. The organization is building up strength and credits for the future. Managements sometimes fear that too much change, too frequent or too drastic, will lead to instability, a lack of direction, and a loss of confidence in the organization's capabilities.[5]

The review team and other principals in the review effort must bear in mind that their task is to provide assistance to managers in pursuit of the organization's goals. Rationality is no substitute for sensitivity in the context of individuals' work. Both are needed to assure that change is effected without excessive disturbance, and that everyone has voice in productive appraisal.

Opening effective channels of communication, helping units to recognize and work through problems, and generating internal acceptance for

change are goals of the management appraisal process. If achieved, the process clearly increases the operational effectiveness of administrative systems.

NOTES

1. See Anthony R. Raia, *Managing by Objectives* (Glenview, Ill.: Scott, Foresman and Company, 1974).

2. Leon Lessinger *et al.*, *Accountability: Systems Planning in Education* (Homewood, Ill.: ETC Publications, 1973), p. 6.

3. *Ibid.*, p. 7.

4. Amitai Etzioni, "Alternative Conceptions of Accountability: The Example of Health Administration," *Public Administration Review*, Vol. 35 No. 3, (1975), pp. 279–286.

5. Carol Weiss, *Evaluation Research: Methods for Assessing Program Effectiveness* (Englewood Cliffs: Prentice-Hall, 1972), p. 114.

8.

Special Considerations for Multi-Campus Systems and a Note for Smaller Institutions

Introduction

According to Lee and Bowen, "forty percent of all students in higher educational institutions and three-fourths of the students in public universities now attend schools which are part of multi-campus institutions."[1] An investment of this magnitude certainly warrants special considerations of multi-campus systems. Since there are relatively few private multi-campus institutions, we will use the term "statewide" to refer to all multi-campus institutions, realizing that the functions we are about to discuss are performed by some State Boards of Regents or Trustees.

All other chapters have treated the Management Appraisal Program from the viewpoint of a single campus; indeed, that is the correct focus, even in statewide systems. Yet there are unique and special considerations surrounding statewide systems, and we have tried to bring them together here. First we deal with questions raised about the general role of the Statewide Office in the system; this is followed by a discussion of organizing the MAP structure for the system and the Statewide Office, including campus-Statewide Office progress reporting; and finally we look at the conduct of reviews both in the Statewide Office and on a systemwide basis.

Although the discussion in this chapter is heavily weighted toward considerations affecting multi-campus systems, a few brief remarks addressed to smaller institutions conclude Part III.

Role of the Statewide Office

When a statewide system is considering adopting a MAP, the first thing to be done is to examine the nature of the Statewide Office's position in the system as a whole. When this examination is made, it should result in

a conscious appreciation of what is possible and practical, so as to avoid assigning responsibilities to a Statewide Office staff which cannot, or will not, be able to discharge its role successfully.

An examination of the role of the Statewide Office can be approached from three routes: self-perception of the Statewide Office staff, the campus-eye view of the Statewide Office, and the collaborative arrangements of the system as a whole.

First, take a look at how Statewide Office people perceive their roles and responsibilities in the system as a whole – not just with regard to the MAP. Are the coordinating or directing functions of the Statewide Office well-defined and understood, both in the Statewide Office and at campuses? Does the Statewide Office have a position of authority and leadership, or is its role limited to one of coordination? If the role in general is vague, it is going to present problems in the establishment and administration of a MAP.

Moving from the general into MAP itself, the staff in Statewide Offices must have a clear understanding of their responsibilities. (We will discuss the specifics under "Organizing the System Framework.") Further, there should be agreement that the responsibilities be discharged as part of the regular routine and not relegated to an "as-time-permits" status. Important to success is the realization by *all* statewide staff that they are engaged as an integral part of the MAP; the Statewide Office responsibilities for MAP are not the exclusive province of those few individuals who are designated "MAP coordinators."

Next, the Statewide Office should be assessed from a campus-eye view. What is the relationship between the campuses and the Statewide Office? Can it be characterized as one of cooperation or mutual suspicion? Another part of the same question is to ask whether the campuses are clear about the role, authority and responsibilities of the Statewide Office in general. In reference to these questions James Miller has said, "Individual institutions (and units within institutions) operate best when decision-making is kept as close as possible to the place where the decision must be implemented. The responsibilities . . . for statewide agencies are restricted to those which by their nature can only be exercised by a statewide body. A maximum amount of decentralization should be present."[2]

Third, some permanent structural linkage between campuses and the Statewide Office should be established. The best form to choose is that which fits the collaborative style of the particular system. In the final analysis, the Statewide Office should adopt the role in MAP which best responds to the institution's general management objectives. Based on our experience, the role is characterized by active coordination of the statewide Program, technical assistance to the campuses, facilitation of

interchange among campuses, fostering and encouraging the determination of performance standards in operating areas, and participating at campuses in MAP reviews. Having summarized the major considerations we will turn our attention to specific suggestions regarding Program implementation.

Preliminary Preparations

Systematic preliminary preparation will have a high payoff. An important part of the preparation is frequent consultation between the Statewide Office and campuses. The campuses should be made familiar with the MAP objectives and fundamental processes. The Statewide Office is represented by the statewide official designated by the statewide chief executive to be in charge of the Program—a Vice President or Vice Chancellor—and by the statewide coordinator for the Program, a senior member of the Vice President's staff. Among the outcomes are the physical establishment of MAP and the adoption and issuance of a systemwide policy by the chief executive.

Initially a meeting at each campus should be scheduled by the statewide MAP official. The purpose is to introduce management appraisal to principal campus administrators, and to begin to obtain their support for the establishment of a Program. At this time budgetary arrangements for the Program should be decided; this means adequate provision for staff both at the Statewide Office and at the campuses. If there was one fact which came through clearly in the U.C. experience, it was that the Program prospered at those campuses which provided adequate staff for MAP and fared not so well at those which tried to do without adequate core attention.

The MAP function in the Statewide Office should be part of the statewide budget, but a decision needs to be made concerning the budgeting for MAP support at the campuses. Will the budget be formulated on a systemwide basis and then allocated to campuses, or will each campus determine its budget from its respective funds? A central line item, which has the advantage of more nearly assuring an adequate and similar level of support among campuses, may be necessary in the Program's early stages. Later, resources can be derived from campus budgets, if that is the normal pattern of system budgeting.

Anything which suggests that the Statewide Office is leading a disguised "outside audit" should be avoided. The distinction should be clearly drawn between the MAP objectives and those of a statewide Internal Audit Division, if the latter exists. The point can not be made strongly enough that evaluation and improvement of campus systems by the campuses themselves is at the heart of the Program, and that benefits accrue primarily to campuses.

Organizing the System Framework

The initial planning organization is the basis for the future and permanent statewide Program eventually to be established. Campuses must participate actively in the initial planning, in order to gain early understanding of the principles and processes. The first step in enlisting the campuses is to have the statewide chief executive request each campus chief executive to nominate a senior official as the MAP coordinator. This assumes, of course, that there has been informal discussion by Statewide Office staff with campuses, so that the request does not come as a surprise. What is desired is a MAP coordinator who is high enough in the chain of authority to have a campus-wide perspective, ready access to the campus chief executive, and command of immediate staff resources for day-to-day Program work. At the same time, the person should not have so many responsibilities that MAP becomes merely another title. It may be necessary to come down one notch in the hierarchy in order to have someone who will give effective, meaningful direction and adequate attention to MAP. This is a trade-off which should be examined individually.

Initial planning materials include the following:

—description of the MAP objectives and processes;

—projected campus organizations and resource allocations;

—campus plans for operations through the first year;

—a set of statewide appraisal guidelines sections in several functional areas. (These will serve as the jumping-off place for campus reviews. Sections need not be provided for all functional areas at the beginning, but enough to give campuses a meaningful choice. The balance can be formulated as the Program progresses.)

With regard to the plans, it should be noted that they undoubtedly will involve diversity among campuses in the amount, timing and character of the individual campus effort. The Statewide Office should be prepared to negotiate an adequate minimum standard. These criteria will assist in judging the quality of preliminary campus plans:

1. Information regarding the amount of resources to be assigned to MAP at the campus;
2. Statement of campus goals congruent with system goals;
3. Clear delineation of responsibilities in the campus organization, e.g., MAP coordinator, steering committee chairperson, MAP staff;

4. Plan for communications and briefings about MAP with campus constituencies;

5. Schedule for beginning reviews, including tentative designation of one or more functional areas in the first year.

Let us now briefly consider the major components of the statewide framework. (See Figure 8.1.)

Chief Executive. Initially the system chief executive establishes MAP policy for the system based on the staff work described above. In practice, the principal responsibility of the chief executive is to support the Program by discussing campus progress once or twice a year in the council of campus chief executives, and by periodically indicating interest in the Statewide Office's participation.

Statewide MAP Official. The statewide MAP official is the senior person designated by the chief executive to give continuing leadership to the Program throughout the system and in the Statewide Office. In the University of California this official is a Vice President. Among the responsibilities are to provide staff assistance to campuses in developing programs, to monitor progress, to maintain control of campus reports requiring action in the Statewide Office, and to apprise the chief executive of Program effectiveness throughout the system.

Since the statewide MAP official deals with campuses and is the hub around which MAP activity revolves in the Statewide Office, an optimum organizational placement of responsibility will do much to assure the effectiveness of the office. There are precedents in both private industry and government which can serve as guideposts. In industry and banking, such functions as quality control and operations audit generally report to the chief executive or chief operating officer. In the armed forces, those concerned with appraisals of performance of the line—the inspectors general—are directly under the Chief of Staff or Chief of Naval Operations. A similar positioning exists in the civilian federal departments. Assigning the responsibility to, for example, the system's Executive Vice President permits the official to deal with the campus as a whole, rather than with only a restricted group of functional areas. Supervision of the participation of the Statewide Office as a whole is also facilitated.

Statewide Coordinator. The statewide coordinator is a deputy to the statewide MAP official and works with campuses on a continuing basis. The major responsibility of the office is to provide a coordinating and reference point for the Program. The coordinator is available to campus inquiries regarding procedures or experiences at other campuses, and responds to campus requests for review team members from other campuses or from the Statewide Office. Among the functions of the office are to maintain information on each campus review schedule and on

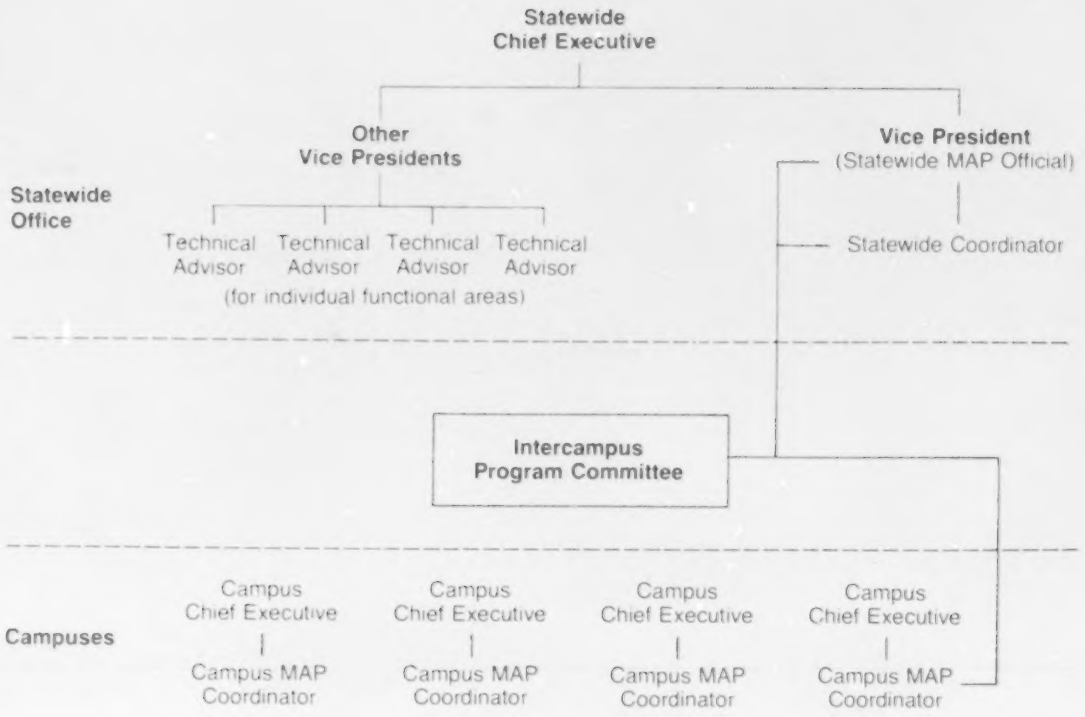


FIGURE 8.1. Major Components of the Statewide Framework.

review team members, to advise Statewide Office technical advisors on reviews planned at campuses, to publish a list of proposed, on-going and completed reviews, and to chair periodic intercampus meetings.

Intercampus Program Committee. The MAP coordinators, together with the statewide MAP official and coordinator, form the Intercampus Program Committee. (See Figure 8.1.) The committee meets at regular intervals during the planning and establishment phases and then becomes the permanent policy-shaping body of the Program, meeting perhaps two or three times a year. The Program Committee serves as a permanent forum for the exchange of information on progress and problems, acts in an advisory capacity to the statewide MAP official, assists and supports the campuses and assesses the value of the Program.

Guidelines Task Forces. Many of the *Guidelines* in Part IV were drafted by University of California systemwide task forces. These were organized by the systemwide coordinator and consisted of representatives from two or three campuses and from the Systemwide Administration, with the coordinator as chairperson. A task force should represent a cross-section of both technical and general management expertise. Alternatively, guidelines could be drafted by Statewide Office staff in consultation with the affected functional areas; drafts could then be circulated to campuses for comment and coordination.

Statewide Functional Area Advisors. At the same time that the campuses are being brought into the initial organization, a staff person in the Statewide Office should be designated as a technical advisor or resource person for each major functional area. The advisor assists in formulating the appraisal *Guidelines* in the respective functional areas (e.g., accounting, personnel). Later, the advisor takes on the function of technical expert on campus review teams, handles campus reports in the Statewide Office, and serves as the principal contact for the Statewide Office coordinator.

Intercampus Workshop Group. The intercampus workshop group consists of the permanent MAP staff at campuses, with the statewide coordinator serving as chairperson. Its functions are to exchange information and solutions on working problems at campuses, to consult each other concerning review schedules and potential review team members, to propose revisions in the methodology, and to define problems which require policy decisions either in the Statewide Office or in the Intercampus Program Committee.

Pilot Operations and the Model Campus Operating Plan

Conducting pilot operations at one or two campuses is well worth considering. In establishing the University of California program, re-

views were conducted at the San Diego and Santa Barbara campuses. The reviews proved to be extremely valuable and provided a model operating plan which was furnished to the other campuses.

There is no substitute for hands-on experience. It is the only way of getting feedback on how well basic instructions are understood at the working level, and making necessary clarifications and modifications in them. Experience, and not conceptual formulae, indicates what needs to be built into the operation.

Furnishing a model campus operating plan based on the experiences of a pilot operation helps campuses save make-ready time, avoid problems encountered at pilots, and we hope avoid "reinventing the wheel." The model plan should not rigidly prescribe, or proscribe, since each campus undoubtedly will modify the model to suit its administrative organization and management style.

Campus Reports to the Statewide Office and Statewide Action

The statewide chief executive has an interest in the effectiveness both of administrative operations at campuses and of statewide systems. The chief executive needs to know that each is fulfilling its mission effectively and economically. Therefore, the plan provides that the campus chief executive will report campus progress to the Statewide Office. However, this requirement should be satisfied with a minimum of campus effort, and reporting should be designed so as to provide benefits to all campuses.

The subject of reporting is a sticky one, and no matter how delicately approached, adrenalin begins to flow. The most often voiced questions concern possible misuse of appraisals which are critical of individuals or operations. Such questions have been dealt with at length in Chapter Seven. Suffice it to say, the Statewide Office has no interest in a campus personnel problem; it is primarily interested in the appraisal of an operation for its potential informational and experiential value for other campuses.

Another concern about reporting is its alleged effect on unit people. The knowledge that there will be a report of a particular operation possibly can affect their candor and willingness to talk openly about operational problems. Yet there is little evidence to support such a concern. The best antidote is to discuss the reporting process openly with the individuals involved.

Reporting Review Experiences. After evaluating a functional area or organizational unit, a report should be submitted to the statewide coordinator, when the campus has approved the review team's recommendations and the line manager's plan of action. The review team's working

papers need not be forwarded; they are confidential to the campus. After an appropriate time—perhaps six months to a year—a follow-up report should be made, briefly giving the progress and results of action plans.

Reporting has these objectives:

—to provide a permanent, systematic means for the campus to inform the Statewide Office of actions which should be undertaken, in order to assist better operations at the campus;

—to provide information to a central point for periodic dissemination; this information is of interest to other campuses and has a cumulative value;

—to inform the statewide chief executive of actions being taken which affect the effectiveness of both administrative operations at the campus and systemwide operations;

—to enable the statewide principal official to get a cumulative idea of the results being obtained at campuses, and to keep a running assessment of the Program's value.

The substantive content of the report should cover at a minimum:

—problems and recommendations relating either to systemwide policies or operations;

—results of a review relating to major campus-approved findings and recommendations which are of interest to other campuses;

—general plans of action related to approved recommendations.

To minimize campus effort, copies of internal campus reports with the substantive content cited above may be sent. Alternatively, the campus may make a specific report along the above lines. Whichever method the campus chooses, it is advisable to separate material internally sensitive to the campus from the report.

Acting on Reports in the Statewide Office. The major portions of a campus report deal with recommendations for action relative to Statewide Office operations, and to items having possible application to other campuses. It is important, therefore, that the Statewide Office be organized to act on the recommendations. At least the following actions should constitute the processing of campus reports at the systemwide level:

—action in response to campus recommendations for policy or systemwide changes and improvements;

—review for systemwide problems or items of interest to other campuses;

—maintenance of a central resource file of reports for information purposes.

Assuming that the principal officials and staff of the Statewide Office have been appropriately introduced to their Program responsibilities, the report handling process is relatively simple:

1. As reports are received, they are acknowledged to the campus by the Statewide Office coordinator;
2. Based on the nature of recommendations, the Statewide Office coordinator selects an appropriate "action officer" and that person is advised of the nature of the recommendations; a "Summary Report" is prepared for the use of the statewide principal official;
3. The statewide principal official sends the report to the action officer for action or comment; a control is maintained in the Program Office;
4. The action officer works directly with the recommending campus, and when action is completed, advises that campus and the Program Office.

Reviews in the Statewide Office and Coordinated Reviews

Statewide policies and procedures which govern business management and financial and administrative functions can have significant impact on the campuses' ability to operate such services, and certainly can cause problems. Improvement of the quality of the policies and procedures and of the effectiveness of the Statewide Office is therefore a part of MAP. Campus reports have as one of their principal components an appraisal of aforesaid policies and procedures. Campuses are asked to comment on the campus view of the effectiveness of functional area components, e.g., student aid administration, located in the Statewide Office.

Reviews of components in the Statewide Office should be approached with a clear recognition of the difficulty of the reviews, a difficulty which arises from the inherent nature of any organization's headquarters, whether corporate, military or educational. In general, Statewide Offices are not operational units (line), but rather policy-making and coordinating units (staff). A periodic hard look at what the Statewide Office is doing and how well it is functioning can only be beneficial.

Based on our experience, Statewide Office components are not enthusiastic about having their functions appraised. On the other hand, there

is a good deal of interest among campuses in the application of appraisal to the Statewide Office parallel to themselves. Self-appraisal certainly enhances the image of the Statewide Office. We have found that such reviews, due to the nature of a central office, proceed slowly, but proceed they do (on a pilot basis). If Statewide Office people have been well grounded with respect to their involvement in MAP, the reviews have a better chance of achieving meaningful results.

The plan may provide for systemwide reviews of particular functional areas performed simultaneously at all campuses. This requires close coordination among campuses and the leadership of the Statewide Office. Such reviews may respond to a number of influences:

—a consensus among campuses to make their reviews coincide, and to pool their resources into an intercampus appraisal team;

—perceived problems common to all campuses, e.g., student aid administration or compliance with the requirements of federal agencies in contracts and grants;

—exterior pressures, e.g., the state or federal agency audits;

—the need for periodic assessment of a statewide system or program, such as accounting or centralized planned purchasing.

To illustrate the discussion of statewide reviews we will highlight briefly a MAP review of the University of California's Planned Purchasing Program.

Established in 1967, its purpose is to achieve maximum savings and obtain the most favorable terms, through consolidating repetitive common materiel and service requests from the nine campuses into high volume commodity groups. Direction and coordination of the program is provided by the Systemwide Administration, while operations are decentralized. Each campus negotiates supply contracts for assigned specific groups of commodities on behalf of all. There are 450 contracts totalling annual expenditures of $45 million. Savings through volume purchasing are estimated to be 15% annually.

A MAP review of the Planned Purchasing Program was initiated as a pilot for the Systemwide Administration. Some of the major lessons learned in the pilot are worth reviewing. First, the review team was small and expert, consisting of a campus materiel manager and, from the Systemwide Administration, a chief internal auditor, a special assistant to the controller, and a highly qualified administrative analyst as chairman. In critiquing the review, the chairman stated that it was essential to the success of the venture that individual assignments to the review team be given the highest priority. He also said that he devoted approximately

55% of his time to the review for a period of almost one year.

The review proceeded in almost classic conformity with the description in Part III. The team concluded that the *Guidelines* sections in Part IV were not suitable for the type of review and formulated special questionnaires, which were forwarded to campuses and to Planned Purchasing Program central administrators through the MAP coordinators. Although considerable delay was experienced in obtaining the feedback information, the venture was deemed worthwhile. The coordination smoothed the way for subsequent campus visits by the review team.

Implementation of the recommendations followed the pattern described in Chapter Seven. Forty-seven of fifty-one recommendations made by the review team were accepted by the Director of the Planned Purchasing Program and the supervising executive. Of the four rejected, none was considered of critical importance. For each group of recommendations the review team offered one or two suggested solutions. Implementation began with the review team's discussion of the report draft with the Planned Purchasing Program staff. Because of the review's systemwide nature, an Assistant Vice President visited all campuses to discuss plans for implementation. A formal plan and timetable were drawn up for major groups of recommendations, and the Planned Purchasing Program coordinator was assigned to implement and monitor progress, both in the central office and at campuses. Approximately a year and a half after the review was initiated, the Assistant Vice President advised the Systemwide principal official that, with minor exceptions, the recommendations not requiring additional resources had been implemented.

Smaller Institutions

Many potential problems occur to smaller institutions when considering the Program: "We have no 'professionally' trained analysts on our staff and none are readily available;" "We're perenially short-handed and can't keep up with current requirements;" "We can't spare the type of person who ought to be on a review team from regular duties." There are no easy solutions, but the difficulties fall into perspective if the institution answers affirmatively the fundamental question, "Are we willing to undertake a systematic, critical look at our operations?"

As pointed out in the Preface, the wide range of management styles, capabilities, resources and needs of institutions in general exists in microcosm at the nine campuses of the University of California. The presence of the varied units provided us an opportunity to observe problems of implementation in diverse settings. The Santa Cruz campus, for example, is a cluster of small residential colleges with enrollment totalling about 5,000; the San Francisco campus is a health sciences center enrolling about 3,000 students.

The small institution must tailor a MAP to its size and resources. Since at small institutions faculty greatly outnumber administrative staff, heavier reliance on faculty involvement is necessary. For example, a steering committee can be constituted with two members appointed by the faculty senate and one by the chief executive. Among the persons to consider for a review team chairperson are a department chairperson with a reputation as a solid manager, and the manager of the student services center, especially when student-related functions are concerned. The MAP coordinator may be a well-respected member of the Business Department faculty who is afforded release-time to carry out the new responsibilities.

Functional areas can be divided into subsystems and the scope of the review can be narrowed, so that the review may be performed by a two-person team in a relatively short period of time—approximately one month. A cautionary note: teams formed to review activities in the administrative part of the institution should be mixed; for example, they might consist of one faculty member and one administrator. Employing a mixed team tends to allay fears of a critical witch hunt. Shorter questionnaires can be used. Selecting individuals for team membership who have reputations as problem-solvers can substitute for the lack of analytical staff. MAP staff functions can be assigned as additional duties to existing staff. Naturally, the institution's decision to accord MAP some priority among existing resources is a prerequisite. An innovative and flexible approach will alleviate, but never eliminate, the strain on stretched resources.

From our experience we have found that size and visible analytical resources are not as important determinants of success as is a strong commitment to understand and institute the basic values and objectives of management appraisal.

NOTES

1. Eugene C. Lee and Frank M. Bowen, *The Multicampus University: A Study of Academic Governance* (New York: McGraw-Hill Book Co., 1971).

2. James L. Miller, Jr., "Coordination Versus Centralized Control," *The Expanded Campus: Current Issues in Higher Education*, Dyckman W. Vermilye, ed. (San Francisco: Jossey-Bass, 1972).

PART IV

THE GUIDELINES

10:

9.

Using the Guidelines

Concepts and Principles

The proper application of the *Guidelines* lies at the heart of the MAP process. Thus, it is essential that their nature, purpose and intended manner of use be well understood. Familiarizing those who will use and interpret the *Guidelines* is a responsibility of the MAP coordinator and staff.

The *Guidelines* are designed as checklists of activities and outputs which should be covered by the review team in its appraisal of an organization. Their primary purpose is to provide assistance to the team by developing basic information about the functional area or operating organization. The list of questions used to obtain "start-up" information and guide interviews is only a point of departure for charting the course of the review. The data gathered in response to questions cannot of themselves provide an evaluation—they are only a starting point. Although the responses provide information about the area for the review team, the exercise of judgment must come from the team. The responses can help to determine where to concentrate appraisal time and effort during the review.

The *Guidelines* seek to introduce a reasonably objective set of performance indicators in place of unsystematic, subjective judgments. Their purpose is amplified by Greenwood in his discussion of management audit:

> A management audit is a systematic, checklist approach to the analysis of management functions . . . The alternative to systematic approaches is basically an intuitive one, which relies on the breadth and depth of experience of the person making the appraisal.[1]

Use of a review team external to the operation provides the first element of objectivity. The *Guidelines* suggest to the team a consistent series of measures of the particular operation's performance. They seek to embody the sense of the institution and replace subjective evaluations prey to the vagaries of prejudice and the whims of immediate pressures. By no means do the *Guidelines* totally replace subjective conclusions made by team members; but taken as a whole they substitute a standard perspective for individual intuition concerning measures of performance. Some questions are amenable to quantification; others require subjective judgment. It must be expected that not all questions are coolly quantitative, and that review teams will vary in the quality of their conclusions. Notwithstanding their deficiencies, the *Guidelines* can introduce significant and desirable elements of systematic rationality into the institutional appraisal process. Finally, because they are directed toward issues of responsibility, the *Guidelines* can assist the institution to pursue accountability routinely and objectively.

With the exception of the section entitled "The General Management of an Organization," which applies to all areas and organizations, each section addresses a distinct functional area or administrative system. The areas have been chosen because they represent a significant portion, although not all, of the institutional administrative structure and include activities necessary to the effective functioning of the institution. The areas constitute the support systems which provide immediate service to students, faculty, teaching and research. However, we do not imply that the following *Guidelines* sections cover the entire spectrum of significant administrative activities. After examining such items as expenditures, services to students and faculty, and external requirements an institution may want to add *Guidelines* sections in areas not covered by this *Guide*.

An institution would be mistaken to view the *Guidelines* as static instruments and to limit its field of inquiry to questions presented therein. It must introduce questions which address the specific results and outputs desired by the institution, and further introduce its own needs and criteria into what are generalized questions. As the *Guidelines* are used, they should be subjected to a continuous process of scrutiny, feedback and revision.

In addition to their use in connection with a specific review, the *Guidelines* may be used by line managers at any time to assess operations and to maintain continuous internal improvement. Portions of a section can be used to review an organizational sub-unit or a function in a system. It should be noted that self-appraisal is not a substitute for systematic, objective review by others of operational effectiveness.

The "General Mangement" Section

The section entitled "The General Management of an Organization" directs attention to the fundamental managerial tasks of planning, organizing, leading and controlling. It is intended for use in the review of a functional area together with the specific section for that area, for example, "Student Financial Aid Administration." Questions which occur in the "General Management" section are *not* duplicated in a specific section.

All questions have been designed to reflect accepted management principles and good management practices which apply to any organizational unit, regardless of its specific mission. Note that this section is also useful, by itself, in conducting "top-down" or comprehensive reviews of such organizations as departments and schools.

The Make-up of a Guidelines Section

A *Guidelines* section consists of a statement of objectives for the functional area or system, followed by a series of questions pertaining to the outcome and processes through which system operations attempt to meet objectives. The range of questions in each of the following sections is based on our perceptions of the organization and of the responsibilities of specific functional areas at a typical institution. Therefore, each institution using any one section must modify the range of questions to suit the responsibilities it has assigned to the functional area being reviewed. The questions appearing here have been chosen because of their wide application and their pertinence to significant policies, outcomes and processes.

Major Parts of a Section

By quickly scanning a sampling of the *Guidelines* sections, you will note that they have a fairly common (although not rigid) framework: Introduction, Body of Questions, and Pertinent Background Data, Documents and Sample Opinion Polls.

Introduction. The introductory section briefly outlines the objectives of the area or unit, the nature of the area's mission and its relation to the institution and the broad purpose of the review as perceived by the institution. The latter will be amplified in the review scope statement furnished to the review team. The Introduction is not a detailed functional statement, since each institution will have its own particular requirements.

The Introduction is intended to help the review team quickly gain familiarity with the area to be reviewed. First, the "Objective" portion informs the team of what the institution requires in terms of ultimate, overall output. The questions in the body of the section are designed to assist the review team to ascertain the degree to which the area's practices and processes contribute to the achievement of objectives. The review team will measure how well the objectives are being realized. In adapting the *Guidelines*, the institution may want to state objectives for some of the major sub-parts of the functional area.

The "Background Information for the Review Team" is the other part of the Introduction. Most review team members, who are laymen with respect to a technical understanding of the area slated for review, cannot be expected to have an intimate knowledge of the area's specific work. A brief explanation of significant aspects of the organization and its relation to the institution will provide helpful insights in advance of the review itself. The samples given in this *Guide* are intended for expansion by the institution. The review team should be given a correct perspective of the area or system with regard to that system's responsibilities, its relation with campus and off-campus entities, and its limitations. Finally, the "Background" statement focuses the review team's attention on that which the institution considers most important in the review.

Body of Questions. The questions in most sections are grouped in Parts in order to facilitate responses at various managerial and organizational levels in the institution:

- —the general integration of the operation within the structure of the institution as a whole;
- —significant interfaces with other departments and systems;
- —technical operations of the area itself and fulfillment of its mission;
- —relations between the campus and the systemwide administration in multi-campus institutions.

The questions in each section are directed to specific technical characteristics of the functional area. Included are at least three different types:

1. Questions indicating criteria of effective administrative management—some designed to highlight the *effect* of possible weaknesses in a functional area or organization, some designed to indicate *causes* of weakness;
2. Questions illustrating sound management practices which, if applied, contribute to effective management;

3. Questions reflecting existing institutional requirements.

They are structured to elicit a meaningful, in depth response rather than a simple "yes" or "no." The main purpose of each is to contribute information which can be assembled to present a realistic picture of the area being appraised.

Data and Opinion Polls. Note that both the "General Management" section and the specific sections have suggested lists of background data and documents. Their purpose is to assist the team in gathering data, institutional and other policy references, and procedural instructions helpful in conducting the review and writing the final report. The data and references should be assembled by the MAP staff prior to convening the review team and furnished to the team at its first meeting.

Depending upon the character of the operation, opinion sampling polls can be valuable tools. There are two types which have been used:

1. Polls of the principal constituency served by the system, e.g., recipients of Student Financial Aid, or vendors in a review of Materiel Management;
2. Polls of interfacing organizations, e.g., those which interact with the Registration Office in a review of the Registrar's function.

To assure statistical validity, opinion sampling questionnaires should be formulated, and the poll should be taken by campus experts in the field. The section "Student Financial Aid Administration" contains an example of a user questionnaire developed by a student affairs research office at Davis to survey the perceptions of financial aid recipients. The MAP staff, sometimes in collaboration with the review team, guides the formulation of the polls by specifying the substantive information desired. This information is directly related to the scope of the review and to the questions in the *Guidelines*. A word of caution is essential: the *Guidelines'* questions are not designed for verbatim use in opinion polls.

Getting the Guidelines Ready for Institutional Use

The campus coordinator and MAP staff must decide, as part of the review planning process, how the *Guidelines'* questions will be used. The review team chairperson, if designated, may also participate. Decisions on the use of the questionnaires should proceed logically from the scope set for the review. For example, some institutions have divided a broad system such as "Accounting" into major components and then set a scope for the review which encompasses "Payroll Operations." If desired, other components may be scheduled sequentially with new

review teams, until the entire area has been covered. On the other hand, the institution may wish to review only one component.

Proceeding from the scope statement, the institution needs to decide whether to use the questions as they appear or tailor them to the specific situation. The questions can be made more specific, or questions can be added which will make the review more meaningful. Some will not be used at all.

An important contribution to the success of a review lies in the decisions made by the MAP staff on which questions are directed to which respondents. The questions have been phrased to elicit an objective response about the quality of operations. Asking a manager of an area under review, "Does the area respond adequately to campus needs?" invites a taint of self-service in the answer. Directing the question to another manager or customer of the unit would more likely result in a candid appraisal of the quality of service. Other questions should not be answered in advance by anyone but rather should be reserved for the use of the review team in its conduct of on-the-spot inquiries.

How to Use the Guidelines

Having done the work described above, and upon deciding on the list of respondents to which appropriate questions will be forwarded for reply, the MAP coordinator and staff discuss all the *Guidelines* to be used with the manager of the organization or functional area to be reviewed. As a point of openness and confidence, the manager should be furnished with a copy of the questions. The MAP coordinator and the staff then brief the respondents who have been selected to receive groups of questions.

Groups of selected questions are sent to respondents with the request that they be returned by a given date. The time given will depend upon the complexity of the operation. The forwarding letter advises respondents of two significant points:

1. The questionnaire is designed to assist the institution to improve the service of the area or system, and maximum benefit will derive from full and frank answers;
2. Although some questions might be answered with a simple "yes" or "no," it is intended that the responses will include explanations or elaborations to make them meaningful and useful; respondents are also advised that responses will be treated confidentially.

Opinion polls are sent to campus and off-campus sample populations.

The MAP staff assembles the various materials collected and the completed questionnaires. The review team is furnished with copies of

the completed questionnaires, tabulations of any opinion polls and the background material cited in each section.

The team can now begin its study of the responses and collected data. The team members should regard the questions and responses only as data collection tools; the responses are matters for evaluation and action. Some measures of performance will be more important than others; hence, they should be weighted by the review team as applicable to the specific circumstances of the institutional review. Using the responses and data as guides, the review team members begin in-depth reviews of specific areas and operations.

It is important that people who use the questionnaires understand that they have been formulated to help in appraisal efforts and that they should be utilized in the most advantageous way. Experience has shown that those who have used and tailored them have felt that the *Guidelines* were of assistance both to the review teams and to the line managers. Several review team chairpersons have stated that team review and discussion of points made in completed questionnaires led them to decide upon the major direction of review activities.

How the Guidelines Developed

The *Guidelines* in this volume are generalized adaptations of those in use at the University of California. Individual sections have been tested and used by different U.C. campuses over a period of four years. They were initially prepared either by a number of intercampus task forces, or by Systemwide Administration staff assisted by functional area representatives from the campuses. Some sections of the *Guidelines* had their origin in a series of management evaluation measures originally formulated by a special task force in the Department of Health, Education and Welfare, with review and comment by several professional societies representing higher education. Some of the questions were interpolated into the U.C. sections.

Criteria for Questions

Institutions formulating their own *Guidelines* may find the criteria which we followed helpful:

1. *Objectives* are aspirations which are stated in a direct, affirmative way.
2. The questions are *management* oriented—not a detailed checklist of procedures and methods.

3. While a process may be addressed in a question, appraisal interest should be focused on results, not on the process itself.

4. The total range of questions should be restricted to major, significant activities in the functional area; 100% coverage is not required.

5. Some major, significant procedural questions may be included when the procedure is essential to the proper discharge of responsibilities in the functional area, for example, compliance with federal requirements in Student Financial Aid Administration.

6. Phrasing should seek to elicit a judgmental response; include words such as "effective," "timely," "regular," "strong," "correct," "adequate."

7. As a rule, questions applying to any organization appear only in the "General Mangement" section; however, specialized or peculiarly technical questions on a general subject, for example, budget, may also appear in a specific section, if warranted.

NOTES

1. William T. Greenwood, *Business Policy: A Management Audit Approach* (New York: MacMillan, 1967).

A Final Check

Using the *Guidelines* wisely and correctly is one of the most significant steps which an institution can take to assure a successful, productive MAP review. Before proceeding to put them into use, it might be well to review the following:

1. Have all campus elements been briefed on MAP principles and procedures?
2. Do the MAP coordinator and staff thoroughly understand the use of the *Guidelines*, as outlined in Chapter 9?
3. Do the MAP coordinator and staff thoroughly understand the steps to be taken in using the *Guidelines*, as outlined in Part III?
4. Is it understood that the section "The General Management of an Organization" is used *with* the section for the area or system to be reviewed?
5. Have the *Guidelines* to be used in the review been discussed with the steering committee?
6. Is there a written approved statement of the scope of the review?
7. Have the involved line managers and staff been briefed on the purpose of MAP reviews in general and this review in particular?
8. Has a meeting, before the *Guidelines* are sent out, been arranged with the line manager and the person to whom the line manager reports, to go over the *Guidelines* and the plans for their use?

If all the answers are "yes" the campus is ready to begin a MAP review.

Management Appraisal Guidelines

The General Management of an Organization 111
Contract and Grant Administration 117
Environmental Health, Safety and Risk Management 123
Facilities Management 129
Financial Management 134
Institutional Planning and Budgeting 140
Materiel Management 143
Personnel Management 147
Public Safety and Campus Security 152
Registrar 158
Student Financial Aid Administration 162
Student Health Services 170
Undergraduate Admissions 174

Management Appraisal Guidelines
THE GENERAL MANAGEMENT OF AN ORGANIZATION

Objectives of General Management

Make optimum use of human, material and fiscal resources in attaining the goals of the organizational unit or functional area.

Contribute to the accomplishment of institutional objectives.

Background Information for the Review Team

The *General Management* guidelines are designed to assist in identifying the management and administrative activities which are common to organizations. Attention is focused on the soundness of the institution's organizational structure and direction, and the relationships between top institutional officials and the managers of organizational units or functional areas. Considerations are also raised regarding the organization's use of resources and the institutional and external environment in which it operates.

This section is intended for use together with one of the specific sections, or with guidelines developed by the institution to serve a specific need, and the questions which appear in *General Mangement* have not been duplicated in the functional guidelines sections. Questions included in the latter raise points specific to the functional area, or which require particular attention in the appraisal. However, the *General Management* section may be sufficient for review of smaller, less technical organizations or functional areas.

The *General Management* guidelines treat such activities as organization, institutional relationships, planning, budgeting, directing, controlling and common administrative operations such as reporting, and management of personnel, finances, records, and data systems.

Part A. *Organizing, Planning and Budgeting*

(These questions are concerned with the general organization and management of the functional area or organizational unit being appraised and its relationships with the campus as a whole. They emphasize such activities as organizing, setting missions, planning, budgeting, interrelationships, delegating authority and exercising responsibility.)

1. Have clear and up-to-date statements of mission and objectives been developed for the organization or functional area as a whole, and for each of its major subdivisions? Is there a written institutional delegation of authority to the organization manager?

2. If the responsibilities of the functional area are shared by several departments, is there a written institutional policy clearly outlining the respective responsibilities of various officials concerned? Have they effectively implemented their responsibilities within their departments?

3. Have priorities been assigned to objectives, and are the objectives stated in measurable, result-oriented terms to the maximum extent possible? Are the objectives supported by an operating plan which incorporates specific task-oriented assignments with time tables leading to their realization?

4. Have management personnel at the unit or functional level been sufficiently advised of the academic and administrative goals of the institution so that realistic long-range plans and objectives can be developed?

5. Have key staff members been involved in the development of plans and objectives? Do they have a clear understanding of their respective individual responsibilities?

6. Are the internal structure of the organizational unit or functional area, and its relative placement and status within the institution, appropriate to its objectives and work plan?

7. Is the next highest level of management authority sufficiently responsive to the needs of the organizational unit or functional area in respect to:

   a. establishing plans and objectives?
   b. establishing priorities?
   c. supporting budget preparation activities and budget requests?
   d. solving organization and staffing problems?
   e. evaluating the performance of the organizational unit or function?
   f. establishing management standards and practices?
   g. communicating management decisions and requirements?

8. Are intradepartmental and functional assignments, policies, delegations of authority and organization structure adequately reviewed to ensure they are meeting current needs? Are delegations of authority stated in writing, and are they properly exercised in practice?

9. If there are significant interactions with agencies external to the campus, is the organization fulfilling its responsibilities and are the terms of the relationship clear?

10. Does budget development and justification effectively relate to program objectives, unit or functional priorities, workload measurements, operational requirements and previous year expenditures?

11. Are proposals for the adjustment or correction of organization patterns, administrative activities and staffing levels reflected in budget requests? Are these proposals given positive attention by higher management personnel?

12. Are the overall resources allocated by the institution adequate and commensurate with the mission assigned to the organization or functional area?

13. Do key members of the staff participate in the formulation of budgets, the allocation of current year funds, and decisions related to the expenditure of resources?

14. Have effective statements of the responsibilities of other institutional units or functional areas been developed where the activities of these units or functions impact upon the organization under review?

15. Is there an effective pattern of regular consultation and communication with the campus? Does this communication include such activities as distribution of formal policy and procedure statements, formal training programs, informal visits, handouts, newsletters and other communications techniques?

16. Are there established methods for disseminating statements of institutional policies, programs and procedures among all of the unit or functional managers, supervisors and operating personnel? Are the statements providing effective guidance?

17. Are faculty, staff and students regularly invited, as individuals or through organizations, to contribute ideas concerning the operation of the functional area?

18. Do unit or functional area personnel effectively represent their organization and participate in internal and interdepartmental staff meetings, task forces and committees?

Part B. *Directing and Staffing*

(These questions are concerned with the general direction of functional activities and the management of staff resources.)

1. Are the personnel within the organizational unit or functional area familiar with institutional objectives and with the objectives of their particular sub-division? Have they been made aware of the importance of their work in achieving stated objectives?

2. Is there effective communication among staff members and with management of the unit or function involving staff meetings or other techniques?

3. Is an active effort made to solicit constructive suggestions from personnel at all working levels within the unit or functional area? Are staff recommendations and suggestions given genuine consideration?

4. Do personnel of the organization evidence a high level of *esprit de corps*?

5. Are sufficient efforts expended to make jobs more meaningful to employees, and to achieve improved employee attitudes? Have these efforts resulted in higher levels of staff quality and productivity?

6. Do organization executives and supervisors give adequate attention to such things as employee grievance procedures, unions, and employee organizations?

7. Are management personnel making effective progress in meeting the affirmative action and equal opportunity goals of the unit or functional area?

8. Do the staffing pattern and the level of staff within the organizational unit or functional area adequately support its plans and objectives?

9. Are accurate and current job descriptions and specifications available for each position within the unit or functional area? Are the positions reviewed periodically to ensure that job content and position classifications match?

10. Have effective qualification standards been established for recruitment purposes?

11. Do key staff members participate meaningfully in the interviewing of applicants for positions?

12. Are performance evaluations conducted on a timely basis and in an effective manner?

13. Are the persons designated as replacements for existing positions sufficiently trained and well enough informed to assume responsibility during the absence of key personnel, or in the case of personnel turn-over?

14. Are potential problems resulting from deficiencies in skills, number of personnel, classification levels, employee turnover and employee relationships given adequate attention by management personnel and the campus personnel office?

15. Are new methods, procedures and equipment regularly studied in order to improve the effectiveness of operations?

16. Has an effective staff training program been developed which reflects the objectives and day-to-day operations of the organizational unit or functional area? Does the program prepare employees for advancement to positions of greater responsibility and authority?

17. Do managers and staff maintain an adequate level of professional competence through participation in appropriate professional organizations, institutional training

programs, and other development activities?

18. Are internal and external support services, for example, personnel, communications and reprographics, providing adequate support to the organization?

19. To the extent that the organization is involved in or dependent upon a computer-based data processing system, is this phase of the operation functioning effectively? Do the operating staff and management have effective communications with computer personnel on both operating and systems problems and needs?

20. Is the space allocated to the organization adequate to its operations and appropriate to its mission? Is the space reasonably secure from illegal entry, danger of fire and other health and safety dangers?

Part C. *Measuring and Controlling Performance of Operations*

(These questions concern management activities which are directed toward the control of operations, adherence to institutional policies, and general accountability in the supervision and direction of operations.)

1. Have adequate work measurements and performance indicators been established to assess operational performance and productivity? Do these measurements and performance indicators enable management personnel to define the levels of productivity, quality, timeliness, and policy adherence associated with the various unit or functional work activities?

2. Have adequate internal methods been developed for evaluating operational effectiveness and the quality of service to users? Are users asked regularly to appraise the effectiveness of unit operations and service? Is this information reflected in revisions of programs, policies or procedures?

3. Are management personnel able to usefully evaluate the performance of other departments in their adherence to unit or functional area policies and procedures?

4. Is there an adequate system of financial planning, control and review to ensure appropriate use of funds within the unit? Does the system enable management personnel to relate expenditures to allocations, and to weigh expenditures and allocations against existing operational plans and objectives? Does this system take into consideration recharge rate structures?

5. Have significant findings of federal, state and internal audits or management reviews been given satisfactory attention, and have corrective actions been taken, where necessary?

6. Have adequate internal controls been established for such activities as:
   a. purchasing;
   b. inventory and use of supplies;
   c. equipment maintenance;
   d. receipt of cash and use of petty cash;
   e. time keeping and payroll procedures;
   f. work schedules, overtime and use of vacation and sick leave?

7. Does the organization have an effective program for records management, records disposition and to maintain the confidentiality of appropriate documents?

8. Are internal and external forms and reports reviewed on a regular basis to determine: a) the need for continued use, b) their relevance to current operations, c) appropriateness of existing distributions, frequencies of production and format, and d) costs of their use or preparation?

Part D. *Relations in Multi-Campus Systems*

(This part includes questions peculiar to multi-campus systems. They are concerned with systemwide policies and procedures and their implementation at campuses, and with relations between the systemwide central office and campuses.)

1. Are the systemwide policies and procedures concerning responsibilities shared among the campuses and the systemwide administration clear in the assignments of respective responsibilities? Do they provide useful guidance?

2. Is the campus responsive to systemwide policies and procedures?

3. Is there a good understanding of the individual campus responsibilities for this functional area in relation to the broader systemwide responsibilities?

4. Is there any unnecessary duplication of activity related to the function between the campus and systemwide administration?

5. Are requirements imposed systemwide recognized by the systemwide administration through inclusion of budgetary support in the campus budget allocations?

6. Are there currently effective procedures established for the campus to initiate and influence changes in the systemwide policies and procedures?

7. Do campus personnel participate in established review groups on a systemwide basis?

8. Does the campus keep the systemwide administration informed about developments which have a bearing on the functional activities?

9. When problems are referred by the systemwide administration to the campus, does the campus take reasonably prompt action? Vice versa?

10. Are the staff in the systemwide administration effective in their assistance to the campus?

11. Are the campus procedures in this functional area supplementary to the systemwide requirements necessary, and coordinated with the system?

12. Would training programs with counterpart staff members from other campuses of the institution be a useful and productive undertaking?

13. Are there sufficient opportunities for communication and coordination with counterpart offices on other campuses and the systemwide administration concerning common procedures, practices and issues?

14. Is the campus able to provide an adequate response to the information, data and report requirements of the systemwide administration? Are these requirements reasonable and clear?

15. Does the systemwide administration assure that requests for data are not duplicated?

16. Where systemwide computer-based systems are being developed or are in operation, are the needs, inputs, outputs, and costs of the campus given prompt and adequate consideration?

Part E. *Pertinent Background Data and Documents*

(This is a listing of such items as policy references, procedural documents, workload data and measurements, and performance indicators which may be helpful to the review team in conducting the appraisal.)

1. Functional and organizational charts, data on space assignments and staffing information, authorized and actual, for the unit or function.

2. Institutional and organizational statements of mission, objectives or operating plans.

3. Copies of external or internal audits and management or operational reviews and the responses that were made to them.

4. Published statements of the responsibilities and delegations of authority.

5. Current approved budget, including budget justification statements.

6. Significant instructions concerning information systems, interdepartmental relationships and procedures.

7. Flow charts of major operations or systems.

8. Financial reports, including summary expenditure reports in relation to original and revised budget allocations.

9. List of other organization units responsible for furnishing data to or dependent upon data furnished by functional area or organization.

10. List of advisory committees used and of committees on which represented.

11. Copy of the records disposition schedule.

12. Copies of emergency or disaster plans.

13. List of specialized equipment, specialized facilities, or contract services utilized.

14. Workload data, measurements and performance indicators used for major activities.

15. Data on personnel actions for the past year, for example, data on turnover, new positions, merit raises, performance evaluations, promotions, recruitments, training, use of overtime, leave records and grievances.

16. List of activity and program reports, including publications and informational brochures for internal and external use, indicating frequency.

17. List of security and control measures in effect.

18. Significant systemwide policies pertaining to the functional area.

Management Appraisal Guidelines
CONTRACT AND GRANT ADMINISTRATION

Objectives of Contract and Grant Administration

Assure that the policies and procedures of the institution and of each sponsoring agency relative to contract and grant administration are carried out in an efficient and effective manner.

Optimize the time and resources of the principal investigator through providing effective and accurate support for the contract and grant process.

Background Information for the Review Team

Contract and grant administration facilitates the solicitation, acceptance, administration and management control of extramural funds from federal, state and private sources for research, development, training and public service projects throughout the campus (excluding gifts, endowments and grants for major construction projects). It generally involves the following activities:

1. Advising on the availability of extramural funds from various sources and assisting in the preparation of applications.
2. Reviewing, coordinating and maintaining surveillance over all contract and grant proposals.
3. Maintaining liaison with federal, state and private funding sources, including post-award coordination, administration, and close-out reports.
4. Negotiating the award of grants and the acceptance of contracts.
5. Facilitating compliance with the institution's policies and procedures and the requirements of the funding agencies.

The purpose of this review is to assist campus management in appraising the effectiveness of the organization and management of contract and grant administration to meet the needs of the institution and of the funding agencies. It is concerned not only with the operations of the contract and grant officers and their supporting staff but with the closely related responsibilities in the campus administration and management offices; in the staff support and control units such as extramural accounting, procurement, inventory control, environmental health and safety, and budget and planning; in the committees such as those for the protection of human subjects, bio-hazards, radiation safety, care of laboratory animals, and the computer center; and in the academic and research management structure of the campus including schools, colleges, departments, organized research units, and the principal investigators with their support staffs. Each of these units and individuals make important contributions to, and have responsibilities for, phases of this functional area. These roles involve significant problems of management coordination, interrelationships, and cost-effectiveness that should be encompassed in the management appraisal. The review should focus not only on the management of these various phases of the functional area but on how well they work together to carry out the total program objectives of the institution.

Part A. *Institutional Policy and Organization*

These questions are concerned with the general organization and management of the contract and grant administration functions with respect to the campus as a whole. They emphasize such functions as planning, budgeting, policy formulation, delegations of

authority and exercising responsibility, to the extent that these matters are not covered in the *General Management* Guidelines section.)

1. Is there a written campus policy statement which clearly defines the authority delegations and responsibilities of the contract and grant administration staff and of the other campus managers, principal investigators, and staff units in the contract and grant administration process?

2. Has this policy statement been translated into detailed procedures with clearly defined assignments of responsibility for the preparation of contract and grant proposals, for participation in their review, for contract and grant administration, and for relationships with funding agencies throughout the process?

3. Are there effective procedures relating contract and grant proposals and awards to the longer-range academic, research and financial plans of the campus and of the individual schools, colleges, departments and organized research units?

4. Are the financial management data and accounting systems relating to contract and grant proposals, awards and expenditures designed to keep campus top management, staff offices, academic management and the principal investigators currently informed on the status of their project funds in relation to their operational needs, other funding sources, expenditures, and future financial requirements?

5. Are institutional indirect cost rate policies for contract and grant funding generally understood throughout the campus and reflected in all proposals and awards?

6. Where special indirect cost rates are authorized are they based on a current and equitable analysis of the conditions and interests involved?

7. Has appropriate consideration been given to the decentralization of contract and grant administration functions, particularly to organizations within the campus responsible for self-contained segments of the research program and to the principal investigators?

8. Is there an effective procedure for reviewing and resolving conflicts between agency terms, conditions and requirements and institutional and campus policies?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various departments and personnel concerned with the contract and grant administration activities and the responsibilities of the line managers, other campus staff offices and staff members.)

1. In the following areas of campus interrelationships has the contract and grant administration staff developed an effective pattern of relationships which is reflected in current operations:

   a. with the campus top management in connection with the application of indirect cost rates, the review of complex or unusual contract and grant proposals, major problems of administration and audit, and other matters requiring attention at that level?

   b. with the academic and research planning process from the principal investigator to campus academic management on matters such as graduate student support, released teaching time, use of consultant services, cost sharing, percent of academic time commitment, levels of extramural support, and negotiations with funding agencies?

   c. with various technical and administrative support services including the computer center, shops, hospital services, technicians, library and reproduction and other services to advise them of prospective workloads and to arrange for participation in the formulation or review of proposals? Is this latter participation accomplished on a selective basis reflecting mutually agreed upon criteria?

   d. with the gifts, endowments and community relations staffs to differentiate contracts and grants from honorariums and gifts and to coordinate internal and external relationships for these programs?

e. with other staff offices, including extramural accounting, procurement, property management, environmental health and safety, architects and engineers, space management, personnel and business services, to coordinate various phases of the operations?

f. with principal investigators (particularly new faculty members) and their staffs on availability of new or additional funding sources; terms, conditions, and other agency requirements; status of negotiations with funding agencies; observance of restrictions on the use of funds before and after award; adherence to campus and agency pricing policies; and documentation of support for cost estimates in proposal budgets and for expenditures?

g. with various campus committees such as those relating to protection of human subjects, care of laboratory animals, space management, environmental health and safety, computer operations and budget and planning?

h. with sponsoring agencies, including their field representatives, site visit teams, and auditors?

i. with institutional counsel on matters of legal review?

j. with Extension on matters pertaining to continuing education and extramural funding?

2. Are the data system, files, records and reports relating to contract and grant administration providing meaningful information to all elements of the campus for management and planning?

3. Is information on extramural funding sources communicated effectively and in a timely manner to potential users of such information?

Part C. *Operations*

(These questions are concerned with the administration and performance of the tasks involved in contract and grant administration. They also direct attention to the contract and grant office.)

1. Are procedures utilized in the preparation, review and submission of proposals and in the negotiation and award of contracts and grants generally effective in meeting campus and agency requirements? Are these procedures well documented and communicated throughout the campus?

2. Are proposal rejections and deficiencies or delays in the submission, review or processing of proposals or in the negotiations of awards systematically analyzed to determine cause and used to initiate corrective actions or system changes?

3. Is the contract and grant administration staff organized and adequately trained to reflect a balanced consideration of the needs of campus management and of the academic and research community, the requirements for coordination with other segments of the campus; the advantages of agency specialization; the effects of shifts in funding sources; and concern for economy and efficiency of operations?

4. Are federal agency requirements, including those of the Office of Management and Budget and the Cost Accounting Standards Board, in the following areas reflected in campus operating procedures and is compliance evaluated on an effective and timely basis:

a. non-discrimination and affirmative action in employment and personnel matters?

b. approval of budget or program changes or deviations?

c. inventions and patents?

d. equipment purchase, reporting, records, title transfer, accountability, management and disposition?

e. subcontracts and service agreements?

f. use of faculty and external consultants?
g. travel regulations?
h. time and effort reporting and commitment of academic time?
i. program, technical and financial reports?
j. closing-out procedures?
k. cost sharing and matching funds?
l. use of laboratory animals?
m. recharge rate structure?
n. maintenance of necessary supporting documentation?
o. protection of human subjects?
p. environmental health and safety?
q. rebudgeting and transfers of funds?

5. If there are conflicts or confusion in any of the areas listed in question 4 above between agency requirements and campus policies or campus performance, are these matters resolved in an orderly and effective manner?

6. Is there an adequate program of workshops, instructions, training and technical assistance sponsored or coordinated by the contract and grant administration staff for faculty and staff in each of the areas listed in question 4 above?

7. Is the contract and grant administration staff adequately trained to understand the requirements of the sponsoring agencies and to advise others on campus of their potential impact?

8. Are agency terms and conditions reviewed to determine whether they are compatible to a maximum degree with institutional policies and systems, capability to perform and the academic environment and attitudes e.g., are financial reporting requirements reviewed in relation to the capability of the campus accounting system to produce the required reports automatically with little or no manual adjustments and ability of the researchers to produce the support data?

9. Does the contract and grant proposal review process include adequate and appropriate safeguards of the campus concerns with utilization of space, purchase of equipment, alteration or construction of buildings, use or acquisition of computers, use of graduate students and eligibility of principal investigators?

10. Does the contract and grant administration office adequately disseminate information on important provisions of new types of agreements or changes in the agency terms and conditions or requirements?

11. Do extramural accounting records and procedures for contract and grant operations reveal the record of compliance with agency and institutional requirements such as cost sharing, commitment of academic time, time and effort reporting, approval of purchases, transfers of funds, justification of consultants, charges for wages and salaries and vacation time accrual?

12. Are principal investigators and academic administrators alerted of potential cost overruns on a systematic and timely basis?

13. Do all proposals, regardless of source of funds or nature of the program, flow through the contract and grant administration staff with an ample opportunity for review?

14. Are proposal and awards checklists and standard routing, approval and proposal forms used effectively?

15. Are the reviews made by the other staff offices accomplished on a selective basis, under known criteria, to achieve their desired impact in a cost-effective and timely manner?

16. Does the contract and grant administration office disseminate current information for proposal budgets to the campus community, e.g., indirect cost rates, salaries, and staff benefits?

17. Are comparisons and analyses of proposal budgets, awards and actual expenditures made regularly by major cost categories to determine the causes of changes and to strengthen the cost estimating and financial management practices in contract and grant funded operations?

18. Is the campus cash flow for contract and grant operations under the advance payment and letter-of-credit procedures reviewed regularly and reported to top management to assure that campus financial interests are being protected?

19. Does the contract and grant administration office have an adequate library of reference materials, including agency policies, program announcements, proposal preparation guides, information on trends in funding and programs and similar materials for use of campus personnel, as well as by its own staff?

20. Are there adequate policies, assignments of responsibility, procedures and facilities to safeguard classified information that may be involved in contract and grant administration?

21. Does the contract and grant administration office monitor the status of proposals transmitted to sponsoring agencies so as to assure that:

a. the proposal was in fact received by the agency?

b. a record is made of the agency proposal number to insure prompt tracking of proposals?

c. a system of follow-up is used for proposals pending at agencies for an inordinately long period of time?

d. procedures are in effect to assure that all communications affecting the status of pending proposals either originating in the campus or in the agency are routed through the contract and grant administration office for action, information or endorsement?

e. revisions of proposals or modifications of awards are subject to the same review and management controls as the original proposals, to the extent appropriate?

f. copies of awards of contracts and grants are given adequate distribution on the campus?

Part D. *Relations in Multi-Campus Systems*

(This part includes questions peculiar to multi-campus systems. They are concerned with systemwide policies and procedures and their implementation at campuses, and with relations between the systemwide office and the campuses.)

1. Is there a determined and continuing effort made to provide a commonality of groundrules for the guidance of contract and grant operations among campuses and with the sponsoring agencies?

2. Are adequate and timely guidelines issued by systemwide administration on the indirect cost rates, salary projections, staff benefits and similar institutional matters for the development of proposal budgets and contract negotiations?

3. Is there an effective system for the interchange of information on funding opportunities, agency practices and other campus experiences among the campuses and with systemwide administration?

4. Has an equitable and understandable systemwide policy been developed governing the determination of the various indirect cost rates and for the distribution of indirect cost recovery funds to and within the campuses?

5. Is there an effective systemwide program for the development of master contracts and agreements with federal agencies?

6. Are there effective guidelines on the types of proposals or award actions that require systemwide administration review or approval?

Part E. *Pertinent Background Data and Documents*

(This is a listing of such items as policy references, procedural documents, workload data and measurements, and performance indicators which will be helpful to the review team in conducting the appraisal. These are in addition to the items listed in Part E of the *General Management* section.)

Campus Documents

1. Copies of proposal review and award check lists.
2. Copies of routing, approval and proposal forms.
3. Annual reports on the contract and grant administration program, particularly summary information and data on trends, nature and volume of proposals and awards, processing times, primary funding agencies, contract and grant activity of campus departments and the linkage between contract and grant activity and the educational program of the institution.
4. External audits of contract and grant operations for the past year and schedule of site visits by agency personnel.

Publications

Eaves, George N., "Who Reads Your Project-Grant Application to the NIH?" *Federation Proceedings*, 1972, 31 (1) and 1973 32 (5) 1541-1550.

Jebens, Arthur B., *Critical Issues In the Review of Proposals at Universities* and *Proposal Preparation, Negotiation and Review*, RMI Reports, University of California Berkeley and San Diego, 1974 and 1975.

Perkins, James A. Ed., *The University as an Organization*, The Carnegie Commission on Higher Education, 1973.

Strickland, Stephen, Ed., *Sponsored Research in American Universities and Colleges*, American Council on Education, 1967.

Willner, William and Hendricks, Perry B. Jr., *Grants Administration*, National Graduate University, Bethesda, Maryland, 1972.

Management Appraisal Guidelines
ENVIRONMENTAL HEALTH, SAFETY AND RISK MANAGEMENT

Objectives of the Environmental Health, Safety and Risk Management Program

Insure a healthful and safe environment for students, faculty, staff and the general public in areas under campus jurisdiction.

Minimize losses related to the institution's workforce and to facility and fiscal resources.

Background Information for the Review Team

The general responsibility for environmental health, safety and risk management is shared by all campus personnel. Direct responsibility for the health, safety and risk management program rests with deans of schools and colleges, departmental chairmen, laboratory and research directors, managers of administrative and staff offices, and other campus supervisors.

These guidelines were developed on the premise that the role of the institution's technical staff is to make inspections throughout the campus of health and safety practices, to assess health and safety conditions and to provide technical advice to campus academic and administrative managers on health, safety and risk management matters. These responsibilities include making policy and procedural recommendations for the development and maintenance of health, safety and risk management measures which protect the campus community from harm, reduce exposure to risks, and meet external health and safety requirements. It is management's responsibility to take actions which respond appropriately to the technical recommendations, and to determine what portion of available resources can be allocated in support of these recommendations.

Although environmental health and safety may be viewed as a function separate from risk management, the loss control aspects of risk management establish a basis for common interest in risk control. The cost of risk in educational institutions has been increasing significantly each year, paralleling general national experience. Limited resources dictate coordination of risk control among such campus functions as architectural and engineering services, environmental health and safety and risk management. Coordination of environmental health and safety and risk management activities in risk control is especially critical and, for this reason, both programs are covered in this section of the *Management Appraisal Guidelines*.

The purpose of this review is to assist an institution's management in determining if it has an organization and effective management practices which are meeting the requirements for a safe and healthful campus. Health and safety requirements include providing for the general health and safety of the campus community through sound environmental health, safety and risk management practices and complying with technical requirements and standards prescribed by federal, state and local law and regulations. It is not the objective of this review to determine if prescribed technical standards are being met. Rather, the objectives of the review are to assess how effectively the health, safety and risk management advisory and technical responsibilities are managed and to evaluate whether or not the campus is organized in such a way, and is taking the necessary steps, to effectively meet changing requirements and standards for campus safety and risk management.

Part A. *Institutional Policy and Organization*

(These questions are concerned with the general organization and management of the environmental health, safety and risk management functions with respect to the campus as a whole. They emphasize such functions as planning, budgeting, setting policies and missions, delegation of authority and exercising responsibilities, to the extent that they are not covered in the *General Management* section of the Guidelines.)

1. Is there a written policy which clearly defines the responsibilities and authority delegations for control or elimination of environmental health, safety and risk management hazards?

2. Do authorized officials understand their responsibility and do they have a formal program for the control or elimination of environmental health and safety hazards in their administrative areas that is having an effective impact on operations and is meeting health and safety objectives?

3. Does the health, safety and risk management staff have an effective voice in long-range and short-range campus plans for building renovation and maintenance and for capital improvements to eliminate health and safety hazards? Does campus management accord sufficient priority in budgetary funding to carry out these plans?

4. To what extent do the health, safety and risk management goals and objectives conflict with general institutional goals and objectives and are these issues resolved in a manner to assure balance in the total program?

5. Does the program include the following provisions:

a. clear assignment of authority and responsibility for all elements of the program by the appropriate campus authority to all managers in both line and staff roles?

b. establishment and regular review of objectives and goals?

c. periodic evaluation of the management of program activity costs, goal attainment and performance in relation to campus objectives?

d. in those areas where it is appropriate, is there a defined system of incentives and sanctions for loss and hazard control performance?

e. coordination of environmental health and safety and risk management and other activities concerned with loss prevention? (Overall loss prevention usually involves the activities of line management, the environmental health and safety department, architects and engineers, physical plant, personnel, and police. The activities of an insurance risk manager and a risk control coordinator may also be involved.)

6. Does the risk management program provide for the following:

a. assignment of the risk management and insurance functions to a specific officer who has responsibility for campus-wide coordination of this function?

b. identification of management risks and development of recommendations for line management plans to reduce those risks?

c. development and issuance of campus policies and procedures which explain the campus' risk management program?

d. establishment of effective risk management programs for medical facilities, including establishment of advisory committees, if appropriate, to minimize risks in these facilities and to assist in the processing of claims or suits involving the campus?

7. Is the health and safety program organized and managed to assure compliance with mandatory provisions of federal, state or local laws, codes and requirements? Has the institution:

a. established a formal method for coordinating government-related regulatory matters on campus?

b. designated a certain individual or individuals to become resident experts on external requirements and to coordinate all aspects of compliance with campus offices and departments and with the regulatory agencies?

c. where obstacles to full compliance appear to exist, formulated an acceptable long-range plan, including financial considerations, for eliminating these obstacles or minimizing these risks and hazards on an interim basis?

d. complied with the official record-keeping requirements of external agencies?

8. Is there an organized program for the effective management of Workmen's Compensation claims? Does the program provide for the following:

a. report of all injuries to a central campus office on a current basis?

b. investigation of injuries in accordance with a selective program?

c. designation of adequate resources for initial treatment of occupational injuries?

d. case follow-up, including medical management and rehabilitation?

e. adequate procedure for physical evaluation and, where necessary, job reassignment?

f. adequate legal and fiscal management of claims?

g. clear procedures for processing employees' Workmen's Compensation claims?

h. procedures for the preparation of summary annual reports of accidents for campus top management that are useful and effective?

Is there an organized program for the effective management of insurance?

9. Have requirements for vendors and others been enforced when evidence of insurance is mandatory? Does the campus maintain current files of Certificates of Insurance required of individuals and firms doing business with the campus?

10. Has the campus set up procedures for the review of insurance requirements when exceptions can be made in connection with short-form construction contracts and other contracts or agreements offered or entered into by the campus?

11. Is a useful report of insurance and risk management activity submitted to the institution's top management on an annual basis? Does this report include:

a. itemization of significant losses, listed as anticipated and unanticipated losses and related to established loss control goals?

b. description of a funding plan to cover losses incurred?

c. record of the cost of risk including self-insurance allocation, insurance costs and assumed loss costs?

d. record of significant changes in loss frequency?

e. record of losses prevented or minimized by loss control programs?

f. suggested loss control goals for next year e.g., raising the safety level of certain critical facilities; reducing the percentage of occupational injuries; reducing the number of theft and fire incidences?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various campus departments and personnel concerned with the environmental health, safety and risk management program and responsibilities of line managers, staff and other campus personnel.)

1. Are the responsibilities and practices of the health, safety and risk management staff office clearly defined and differentiated from the responsibilities of line managers and other units in relation to this program?

2. Is there a current program which enables line managers to carry out their responsibilities for environmental health and safety? Does the program provide for:

a. clearly outlined departmental responsibilities and guidance to departmental officials in carrying out their responsibilities?

b. including funds in departmental budgets which cover costs of compliance with safety standards?

c. an effective working relationship among the health, safety and risk management staff and the other departments?

d. a policy which assigns each faculty or staff member with responsibility for the health and safety conditions of his own work environment?

3. Do departments, schools, laboratories, and organized research units engaged in hazardous procedures or the use of hazardous materials, including radiation, water hazards and biological hazards, have a health, safety and risk management program which is regularly monitored by departmental officials?

4. Do the foregoing units have an effective training program for students, faculty and staff which covers safe laboratory procedures and is participated in by all appropriate departmental personnel?

5. Is there a regular planned departmental test and inspection program to ensure that facilities, equipment or procedural hazards are eliminated and that required health and safety practices are observed?

6. Do line managers understand that receipt of expert technical advice from health and safety personnel does not relieve management personnel from responsibility for continued attention to health and safety hazards within their administrative areas?

7. Have individual researchers been informed of their responsibility to comply with pertinent health and safety standards as a condition of their grant or contract requests?

8. If a contract or grant project requires additional health and safety costs, e.g., costs for physical examinations, immunization or laboratory work, structural changes in locations used for research, are these costs clearly and accurately identified and are provisions made to assure that they are funded in project proposals and the funds awarded are in fact expended for these purposes?

Part C. *Operations*

(These questions are mainly concerned with the administration, operation and performance of the actual tasks involved in providing effective health, safety and risk management staff services to the campus. They also direct attention to the operations of the environmental health, safety and risk management office.)

1. Is the health, safety and risk management staff office adequately and properly staffed, funded and equipped to carry out its technical responsibilities?

2. Does the health, safety and risk management staff maintain a file of current federal, state and local laws and regulations and other technical material on health and safety matters?

3. Has a formal program for insurance and risk management coordination been developed? Does the program require the performance of the following tasks on a regular basis:

a. report changes in campus exposure to risk?

b. assist in loss adjustment?

c. prepare reports on losses, requested rating data, values?

4. Has an effective technical operating relationship been established with architects and engineers and physical plant to provide for adequate health and safety measures in plans, working drawings and specifications for new construction and for repairs and alterations?

Part D. *Relations in Multi-Campus Systems*

(This part includes questions peculiar to multi-campus systems. They are concerned with systemwide policy and procedures and their implementation at campuses and relations between the systemwide office and the campuses.)

1. Are there specific functional areas of the health, safety and risk management program in which the program and policy guidance of the systemwide office is not adequate and is resulting in significant operational problems to the campus? Have the campuses resolved these problems individually or collectively?

Part E. *Pertinent Background Data, Documents and Sample Opinion Polls*

(This is a listing of such items as policy references, procedural documents, organization charts, workload data and measurements, and performance indicators which will be helpful to the review team in conducting the appraisal.)

1. Schedule of health and safety inspections for the preceding year and the current year.
2. Copies of a selected sample of health and safety inspection reports with a description or other evidence of follow-up actions.
3. Reports on other phases of the campus health, safety and risk management program for the past three years.
4. Copies of reports of the State Fire Marshal, insurance companies and other external sources that evaluate the campus health and safety programs and practices with copies of campus responses and follow-up actions.

Sample Opinion Polls

A departmental questionnaire developed by the Riverside campus of the University of California is included.

ENVIRONMENTAL HEALTH & SAFETY
QUESTIONNAIRE
(Department Head)

1. What is your understanding of the role of Health and Safety on this campus? Based upon your understanding, do you feel the job is being done? If not, what would you recommend?
2. What type and frequency of contacts, if any, have you had with the Environmental Health and Safety Office at UCR, particularly during the last 2 years?
3. If there were interactions with Environmental Health and Safety in that time period, to what extent and in what way were they satisfactory or unsatisfactory? Please be as explicit and detailed as possible.
4. If a possible hazard within your department came to your attention, what, if anything, would you expect Environmental Health and Safety to do about it? Please explain your expectations in sufficient detail to enable the Team to judge if Environmental Health and Safety is meeting, or able to meet, your expectations.
5. What services, other than those discussed above, do you expect Environmental Health and Safety to fulfill now or in the future, as need arises?
6. Do you feel Health and Safety should have strictly an advisory role in your departmental operations?
7. Would your department support a Health and Safety staff that was empowered to shut down an operating hazard, procedure or laboratory in your department?
8. What do you and your staff feel you would need, if anything, to be adequately versed in:
   a. Health and Safety Procedures (e.g., fire, first aid, defensive driving, etc.)?

b. State and Federal safety regulations (e.g., OSHA)?

9. Do you feel that the most hazardous aspects of the work of your department have been identified?

a. How were they identified?

b. Do you feel that you receive adequate support from Environmental Health and Safety in dealing with those conditions? Please elaborate.

10. Who, in your opinion, is responsible for maintaining a safe working environment in your department?

11. Do you have an individual or a group that is responsible for health and safety within your department?

a. If not, do you think you should? Please elaborate.

b. If you do, how is it organized?

c. What are its functions?

Please feel free to attach additional sheets for the inclusion of other comments or observations you may wish to make.

Management Appraisal Guidelines
FACILITIES MANAGEMENT

Objective of Facilities Management

Ensure that physical facilities are adequately maintained and available to meet the program needs of the institution.

Background Information for the Review Team

The purpose of this review is to assist campus officials to appraise the effectiveness of the institution's organization for managing the upkeep and replacement of its physical plant. Particular attention should be given to how responsive the total facilities management program is to changing campus requirements, cost considerations, levels of enrollment, employee attitudes, and related factors affecting the environment in which the functions are carried out. A significant aspect is appraising the management of facilities maintenance and repair activities, and how well they are meeting the institution's operating requirements, both in quality and cost of services provided. Another level of interest concerns the effectiveness with which the facilities management program is coordinated among such closely allied activities as architects and engineers, environmental health and safety, risk management, police and fire protection, purchasing and storehouse, student affairs, housing and food service, and with schools, departments and research activities.

Part A. *Institutional Policy and Organization*

(These questions are concerned with the general organization and management of the facilities management functions with respect to the campus as a whole. They emphasize such functions as planning, budgeting, setting policies, delegations of authority and exercising responsibility, to the extent that these matters are not covered in the *General Management* section.)

1. Is there a written policy which clearly defines the responsibilities and authority delegations for the management of physical facilities?
2. Do the authorized officials and other campus managers and personnel understand this pattern of responsibilities and authority and feel that it is effective in meeting their operational needs?
3. Is there a clear understanding throughout the campus relative to: a) limits to the facilities management unit's responsibilities in providing regular services, b) those that are the responsibility of other campus departments, c) those that will be provided only on a fee basis? What type of problems have developed as a result of misunderstandings, and have they been resolved effectively?
4. Is the schedule of fees current, generally available and properly applied?
5. For each of the major categories of facilities management activities is there a formalized long range program that is related to available budgetary support, responsive to emergency or other unscheduled requirements and used as a basis for reporting and evaluating performance in relation to goals and objectives?
6. Are program decisions on distribution of resources and redirection of services based on rational analyses of campus requirements and priorities and assessment of impact? Are they made with adequate campus and top management involvement?
7. Is the short-term operating system for the planning, scheduling, estimating and control of each of the major categories of activities effective in the use of personnel,

balancing of workload and in meeting campus requirements and priorities? Are these activities effectively coordinated with work performance and reasonable in cost of administration in relation to the magnitude of the activities?

8. Is there an established policy on the use of contract vs. in-house services based upon periodic and objective cost-effectiveness analyses of these alternatives under current conditions?

9. Is there an effective and equitable accounting and financial reporting system for activities, including a recharge system that is informative to facilities management, other campus departments and campus top management?

10. Are cost estimates for various individual job costs and standard cost charges analyzed regularly in relation to actual costs and charges and reviewed with the physical plant staff, affected campus departments as well as with campus management to promote full understanding and acceptance?

11. Has an effective preventative maintenance program been implemented for those portions of the physical facilities, equipment and utilities where it is appropriate and is it being carried out to the benefit and satisfaction of the campus?

12. Is adequate attention being given by the facilities management unit and the campus personnel staff to the unique and significant problems of supervision, non-discrimination, recruitment, employee relations, grievances, training and career development that are involved with the various categories of physical plant employees?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various campus departments and personnel concerned with facilities management activities and the responsibilities of line managers and other campus staff offices.)

1. Are the responsibilities and practices of the facilities management office clearly defined and differentiated from the responsibilities of campus line managers and other campus staff offices?

2. Does the facilities management staff maintain effective liaison, and have an influence on decisions relating to the following campus programs, planning processes and operations:

a. design, rehabilitation, operating requirements, alteration and preacceptance inspections of buildings, other structures, grounds and major items of equipment?

b. heating, cooling and other utility systems, rate schedules for utilities and changes in service?

c. environmental health, safety and risk management matters?

d. student activities and special event scheduling?

e. academic planning?

f. research contracts and grants involving facilities, space, acquisition or use of major items of equipment and special services?

g. negotiations with employees and representatives of employee organizations?

h. the review and auditing of utility bills and other major charges for physical plant services?

i. changes in space use, including classroom conversion or reassignment; alterations in space; creation, expansion and use of shops; and inventories of current space utilization?

3. Is there an effective working relationship among the facilities management personnel, campus departments, and the campus security office to keep interested offices informed on the condition, plans for use, abuse of equipment and facilities and the security of physical facilities and equipment throughout the campus?

4. Do the physical locations and operating relationships among purchasing, central storehouse, inventory and facilities management personnel promote efficiency, economy and effectiveness in these operations?

5. Do facilities management personnel have ready access to a well organized set of designs, specifications, as-built drawings and alteration records for all physical facilities and major pieces of equipment on the campus to carry out their responsibilities?

6. Have the role, actions and responsibilities of facilities management personnel in various emergency situations, ranging from labor disputes to natural disasters, been clearly delineated and made known to key personnel throughout the campus?

7. Have the role and responsibilities of facilities management with respect to changes in space use been clearly defined?

8. Are there unresolved areas of responsibility for the maintenance or repair of physical facilities, grounds and equipment under campus jurisdiction, particularly for off-campus locations or for new and novel programs?

Part C. *Operations*

(These questions are mainly concerned with the administration and performance of the tasks involved in providing services to the campus. They also direct attention to the operations of the facilities management office.)

1. Do the step-by-step operational procedures involved in responding to a request for maintenance or minor construction service reflect:

   a. up-to-date documentation of the process that is widely known and easily understood by the campus?

   b. attention to problems of backlog and deferred service? Are these excessive?

   c. assignment of reasonable priorities related to balancing of workload and customer requirements that are communicated to interested parties?

   d. reasonable identification of specific job costs and support of recharge statements?

   e. adequate attention to realistic cost estimates throughout the life of the job, particularly revisions of cost estimates, analysis of the causes of revisions, and communication of these revisions to interested parties?

   f. an equitable and reasonable system for determining and allocating indirect costs and markups to specific jobs?

   g. an effective system of communication between the work forces and their supervisors, including staff meetings, special message handling and contact at work stations?

2. Is there a formalized, current schedule including information on each special maintenance and construction job that is used for internal management and to keep customers and campus management informed of status and progress?

3. Is there an effective program of balancing staff requirements for special skills and peak demand through the use of outside journeymen and contracts for craft services?

4. Are there effective maintenance, operating standards and preventative maintenance programs for high-value or critical pieces of equipment and facilities? Are they evaluated as to their cost effectiveness periodically?

5. Are significant operating or maintenance problems systematically analyzed as to cause and effectively communicated to the architects and engineers office to avoid repetition of shortcomings in design or specifications?

6. Are changes in work orders documented and are cost and time estimates adjusted to reflect such changes?

Custodial and Grounds Services

7. Are the work assignments and standards of performance for custodial and grounds personnel developed and periodically reviewed to assure their adequacy to meet campus needs at reasonable costs with due consideration to the interests of employees, supervisors and customers?

8. Is work performance regularly checked against these standards?

9. Is there a high level of morale, effective interaction with faculty, staff and students and commitment to accomplishment of campus objectives evident in the custodial and grounds crews?

10. Is sufficient attention being given to cost/benefit studies which compare first cost to project life costs of the introduction of new equipment, labor-saving techniques and other innovations in the custodial and grounds activities?

Utilities

11. Is there an energy conservation program which includes analysis of alternative sources of energy, making feasibility studies of central control systems and otherwise responding to fuel and power shortages and cost increases in cooperation with other elements of the campus and external groups involved in this problem?

12. Are campus utility policies and programs responsive to campus requirements for auxiliary heating, cooling, power other utility requirements? Are these services operated and funded in an acceptable and equitable manner?

13. Are unauthorized uses or extensions of utility services being detected and adequately controlled?

Materials and Supplies

14. Are the procedures for the handling of requests for materials, supplies, and tools used in operations meeting operating requirements?

15. Does the unit have an effective role in the identification of used, obsolete or excess equipment and materials throughout the campus in a timely and orderly manner?

16. Is there adequate security and control over equipment, tools and materials? Are losses analyzed to determine if system or management deficiencies are involved and require correction?

17. Is information disseminated concerning new products, equipment, supplies and materials which could result in either labor saving or other cost savings to subordinate staff?

Use of Space and Key Control

18. Is there documentation and analysis of space allocations and utilization throughout the campus that is current and useful to campus management?

19. Are space conversion and reassignments based upon a thorough analysis of alternatives and costs and a rational decision-making process with adequate participation by facilities management staff?

20. Is there an adequate key control system which effectively prevents the unauthorized possession of keys?

Part D. *Relations in Multi-Campus Systems*

(This part includes questions peculiar to multi-campus systems. They are concerned with systemwide policies and procedures and their implementation at campuses, and with relations between the systemwide office and the campus.)

1. Is there a general understanding and observance of the organizational patterns, relationships, terminology and lines of communication between the systemwide office and the campus staffs?

2. Are the systemwide budgetary processes and allocations of funds responsive to individual campus requirements for facilities management?

3. Is there an effective systemwide program to cope with rapidly changing requirements to find alternative fuel and energy sources, meet rising costs and resolve other emergency situations?

4. Is there an acceptable basis for systemwide administration to determine whether the campus program is meeting its objectives or is resulting in significant deferred maintenance problems?

5. Is there an effective systemwide management information data system relating to facilities management activities?

6. Are instances of substantial discrepancies in recharge rates and costing practices among various campuses being given attention by systemwide administration? Is an effort made to achieve greater equity and uniformity?

7. Are dollar limits on construction, alteration and rehabilitation work performed at campuses periodically adjusted to reflect current economic conditions?

8. Is there sufficient flexibility in the use of funds to effect transfers between activities to accomplish priority work without unnecessary and burdensome controls?

Part E. *Pertinent Background Data and Documents*

(This is a listing of such items as policy references, procedural documents, workload data and measurements, and performance indicators which will be helpful to the review team in conducting the appraisal. These are in addition to the items listed in Part E of the *General Management* Guidelines section.)

1. Schedules of maintenance inspections of buildings, other structures, equipment, grounds and other facilities for the current year.

2. Copies of a selected sample of maintenance inspection reports with a description or other evidence of follow-up actions.

3. Reports on other phases of campus facilities management activities, particularly those showing comparisons between goals, planned actions, cost estimates and actual performance.

4. Copy of the latest budgetary request and justification for the facilities management program.

5. List of contract services in effect during the past year to carry out the physical plant activities on campus.

6. List of current deferred maintenance projects or requirements.

7. Copies of emergency plans for critical facilities services.

Management Appraisal Guidelines
FINANCIAL MANAGEMENT

Objectives of Financial Management

Ensure responsible stewardship of funds, effective use of financial resources, and the discharge of obligations of accountability.

Provide for full, accurate, and consistent recording and disclosure of the results of operations and of the financial position of the institution, in conformity with generally accepted accounting principles for colleges and universities.

Provide accurate, timely and useful reports to institutional managers and to persons and agencies having a financial interest in the institution.

Background Information for the Review Team

Financial management can usually be divided into these basic functions:

—The disbursement of funds;
—The recording of budgetary and financial transactions;
—The control of financial accounts; and
—The preparation of financial and budgetary reports.

The purpose of this review is to assist the institution to determine if it is adequately organized for financial responsibility and if the functions stated are being properly carried out. A comprehensive review should consider not only the service of the institution's accounting system and the accounting office to the campus, but also significant financial management in schools and departments, and interfaces between schools and departments and the accounting system.

Part A. *Institutional Policy and Organization*

(These questions emphasize policy formulation as it specifically relates to financial management. The questions cover only those aspects of management which are not covered in the *General Management* section of the Guidelines.)

1. Are there complete, written policies guiding the effective disbursement of funds?
2. Are there effective policies providing for the recording of budgetary and financial transactions? Are these policies in accordance with recognized professional accounting principles and technical and operations requirements?
3. Does the chart of accounts:
   a. represent adequately the organization of the campus?
   b. lend itself to revisions with a minimum amount of time and effort, including the facility for expansion?
   c. facilitate preparation of financial reports?
4. Do institutional policies provide for adequate financial and budgetary control over all accounts?
5. Do institutional policies provide for effective internal audits?
6. Do financial reports effectively meet management needs?
7. Have adequate provisions been made to assure adherence to federal contract and grant requirements?
8. Are processes in effect which assure compliance with special fund restrictions?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the accounting office, the various campus departments, and the outside agencies concerned with the financial management of the institution.)

1. Are there adequate communications between the accounting office and all units which it services?
2. Is financial management exercised by departments and schools effective? Is it well coordinated with the accounting office?
3. Have report formats been formulated in conjunction with unit managers to accurately present the financial position of each unit? Do unit managers find the reports useful?
4. Are campus departments and outside vendors satisfied with the disbursement process?
5. Are government agencies satisfied with the financial management exercised by the institution?
6. When appropriate, does the accounting office provide useful financial advice and assistance to departments?

Part C. *Operations*

(These questions are concerned with techniques and performance of operations which support effective financial management.)

Financial Controls

1. Are subsidiary ledger accounts reconciled with the control accounts in the general ledger on a regularly scheduled basis?
2. Is there a procedure established to insure that appropriation balances are not inadvertently lapsed?
3. Is effective action taken to clear overdrafts?
4. Are advances to employees properly classified in the accounts? Are they effectively controlled?
5. Do the records identify adequately the source and application of funds for sponsored activities?
6. Are there adequate procedures for monitoring compliance with fund restrictions?
7. Does the system provide for prompt recording of transactions in the books of original entry and for timely posting of transactions from the books of original entry to subsidiary and control accounts?
8. Does the accounting system provide for the proper treatment of short and long term liabilities?
9. Do procedures adequately provide for the existence, reasonableness, and inclusion in the accounts and records of trade accounts payable, employee withholdings and benefits, accrued expenditures, loans, estimated and contingent liabilities, and lease/purchase agreements?
10. Are campus departments effectively audited for performance in carrying out their responsibilities for time reporting, certification of payrolls, approval of invoices, and maintenance of required files and records?

Reporting

1. Is appropriate action taken when a loss position or an excessive receivable is indicated in a financial report?
2. Is the frequency schedule for issuance of operating reports adequate?

Recording

1. Do the manual of account sheets provide adequate information? Are they up to date and filed currently?

Accounts Receivable

1. Are the accounts receivable functions separated from all cash functions?
2. Is the collection department independent of, and does it consistitute a check on, the accounts receivable function?
3. Does a procedure exist by which the collection department is advised of overdue account information on a timely basis, and by means of which automatic follow-up is made on delinquent accounts?
4. Are write-offs of bad debts and adjustment credits made only when approved by a designated official, and is proper control exercised subsequent to write-off?

Disbursements

1. Except for petty cash transactions, are all disbursements made by pre-numbered checks which are accounted for?
2. Are provisions made for control over voided checks, use of check protector, and preparation of check register simultaneously with the preparation of the check?
3. Is signing of checks limited to designated officials whose duties exclude posting accounting records, recording cash receipts, handling petty cash funds, approving vouchers for payment, and payrolls? If checksigner is used, is control over the use of the equipment adequate?
4. When applicable, does supporting data accompany checks when submitted for signature and countersignature?
5. Are accounting controls over transfers from one bank to another in effect?
6. Is there regular review of vendor statements and customer correspondence?
7. Are pre-numbered checks and/or payment vouchers used, are numbers accounted for, and duplicate vouchers mutilated to prevent duplicate payments?
8. Are invoices paid promptly so that discounts are not lost?
9. Are credit memoranda approved by designated supervisory personnel?
10. Are vendors' invoices compared to copies of purchase orders, receiving, and inspection reports, and are discounts, rebates, and other allowances deducted before payment?
11. Are transportation bills audited against purchase orders and materials invoices, and approved by an authorized official?
12. Are invoices for utility services independently verified through meter readings and other data, and approved by an authorized official?
13. Is there an effective procedure to prevent duplicate payments?
14. Is an adequate written policy in effect on reimbursement for employee business expenses?
15. Have adequate provisions been made for the delegation of authority to approve travel and other requests to incur expenses?

16. Have adequate provisions been made to assure adherence to the provisions of federal contract and grant requirements for travel vouchers and other documentation to support expenditures?

17. Is there an effective process for the review and approval of vouchers for payment?

18. Are the number of coding or classification errors minimal?

19. Are student fee waivers and deferment forms pre-numbered? If so, is an accountability review and reconciliation performed on the forms at appropriate intervals?

Payroll

1. Are payrolls adequately approved and controlled?

2. Are signature authorizations relating to payroll action forms audited?

3. In regard to substantiation of salary and wage charges to federal grants and contracts, are required records and certifications maintained on a current basis?

4. Are payroll totals reviewed and/or reconciled with cost or other labor summaries for control purposes?

5. Is the distribution of paychecks or cash made by personnel who are not involved in timekeeping or payroll preparation, and are receipts obtained when payment is made in cash?

6. Is the volume of rush checks, redrawn checks, etc., reasonable?

7. Is the average time lag between the end of a payroll period and actual payday reasonable?

Cashiering Activities

1. Has a policy establishing assignments of responsibility for all cashiering activities been formulated and distributed among all departments?

2. Are adequate provisions made for receiving and recording cash, deposit procedures, physical security, equipment, personnel, check cashing, control of returned checks, and reporting losses?

Petty Cash

1. Are pre-numbered petty cash vouchers and supporting data accounted for by someone other than the custodian, and are vouchers marked to prevent reuse when the fund is reimbursed?

2. Are requests for petty cash reimbursements audited for proof of expenditures documentation and for authorized signature other than the custodian on reimbursable vouchers?

3. When appropriate, are surprise audits on petty cash funds performed?

4. Are petty cash funds established as an imprest system, under the responsibility of single custodians, reasonable in size, and limited as to purpose and amount disbursed?

5. Are there published policies and procedures which are required reading by a petty cash fund custodian prior to establishment of the fund?

6. Have cashiers and other employees as appropriate, been issued written instructions which delineate the limitations of a change fund in comparison to a petty cash fund?

Gifts and Endowments

1. Is there a current file on conditions, restrictions and designations governing each restricted fund?

2. Are procedures for monitoring compliance with fund restrictions in effect?

Extramural Funds

1. Are expenditures reviewed to determine that they are allowable costs under each specific grant or contract?
2. Is the percentage of the campus total, in dollar value and number of disallowed contract and grant expenditures reasonable?
3. Does the accounting system provide for accurate, current and complete disclosure of the financial results of each sponsored project or program in accordance with the sponsor's reporting requirements?
4. Is there a comparison of actual outlays with budgeted amounts for each grant or contract during the life of the project and prior to report submission?
5. Are there established procedures to insure that draw-downs of cash from the U.S. Treasury under letter-of-credit programs are made as closely as possible to the time disbursements are required to be made? Are the amounts drawn down properly related to amounts to be disbursed?
6. Does significant backlog exist in reports to contracting and granting agencies? Are there effective plans to attain current status?

Fixed Assets

1. Are policies for distinguishing between charges to fixed assets and to repair and maintenance established, clearly defined, and consistently followed?
2. Is there a procedure to insure that all inventorial equipment purchases are recorded as institutional capital acquisitions?
3. Is there a periodic reconciliation of equipment recorded into detail listings to inventorial purchases recorded in the general ledger?
4. Are transportation, installation, initial testing, and other collateral acquisition costs capitalized in accordance with established policy?
5. Are additions to fixed assets capitalized?
6. Are building and equipment records maintained and controlled through general ledger control accounts and periodically reconciled with the control accounts?
7. Is there coordination among those responsible for the structure, asset ledger, facilities management, space assignment, and space utilization analysis so that one file can serve all functions?
8. Is control maintained over fixed assets for which no further use is anticipated to assure the reporting of an accounting for sales or other disposition, e.g., parts and scrap?
9. Is there a procedure established for the handling of contractor-stop notices and assignments?

Supply Inventories

1. Are perpetual inventory values as well as physical count values reported for supplies? If not, are major variances between perpetual and physical inventory counts adequately detected through some other means?
2. Is appropriate action taken when there is a significant variance between perpetual and physical counts?
3. Is an adequate audit procedure performed to confirm the propriety of the manner in which physical inventories are taken by operating departments?

Part D. *Relations in Multi-Campus Systems*

(These questions are specific to multi-campus systems. They concern the systemwide accounting system and relations between the systemwide office and the campus.)

1. Does the systemwide office provide appropriate financial management and accounting support to the campuses? Is there an effective systemwide manual?
2. Do the campus and systemwide accounting systems interface well where appropriate?
3. Does the systemwide office effectively audit financial management on the various campuses?
4. Do campuses adequately provide the financial information needed by the systemwide offices?
5. Have accounting officers throughout the system developed an effective exchange of information on issues of common interest?

Part E. *Pertinent Background Data and Documents*

(This is a listing of such items as policy references, procedural documents, workload data, and activity measurements which will be helpful to the review team in conducting its appraisal. These are in addition to the items listed in Part E of the *General Management* section of the Guidelines.)

Campus Documents

—Institutional policy and procedural manuals.

Publications

—*College and University Business Administration*. Published by the National Association of College and University Business Officers. See latest edition.
—Pertinent, current publications of the National Association of College and University Business Officers.
—*Industry Audit Guide—Audits of Colleges and Universities*. Prepared by the Committee on College and University Accounting and Auditing. American Institute of Certified Public Accountants. See most recent edition.
—Federal Management Circular 73-8. Issued by the General Services Administration.
—Agency Contract and Grant management manuals. See most recent editions issued by individual agencies.

Management Appraisal Guidelines
INSTITUTIONAL PLANNING AND BUDGETING

Objective of Institutional Planning and Budgeting

Develop and secure financial support for the long- and short-range programs to achieve institutional goals and objectives.

Background Information for the Review Team

The planning and budgeting process includes setting forth the nature and scope of the institution's programs for education, research and public service and of the funding requirements for these programs; projecting and arranging for the human, financial and other resources required to carry out these programs; and providing controls to insure utilization of these resources in accordance with the approved budgetary program.

The purpose of this review is to assist institutional management in appraising the effectiveness of the organization and management of the planning and budgeting program to assure that it is adequate to meet the needs of the institution. The review encompasses both the short-range operating plans and budget and the longer-range capital plans and budget. It includes evaluation of the effectiveness of the integration of the plans and programs and control of expenditures funded from all sources, including student fees and extramural funds, although the latter area is supplemented by the more detailed guidelines for *Contract and Grant Administration*.

Part A. *Institutional Policy and Organization*

(These questions are concerned with the general organization and management of the budget and planning functions with respect to the campus as a whole. They emphasize such functions as setting policies and procedures, delegating authority and exercising responsibility, to the extent that these matters are not covered in the *General Management* Guidelines section.)

1. Is there a written policy statement which clearly defines the authority delegations and responsibilities of the budget and planning staff and of other campus managers in this process? Is it understood and reflected in operations?
2. Does the planning-budgeting process adequately encompass all campus programs and sources of funds including appropriations, student fee income, recharge operations, extramural funds, gifts and endowments?
3. Are students well represented in decision making where student fees are concerned?
4. Are the expenditure information, reports and control systems effectively related to the budgetary and planning process, and do they cover all campus programs and fund sources?
5. Does the planning-budgeting process include an adequate system of work measurement and indicators of performance effectiveness for activities and programs?
6. Does the planning process result in a practical guide to future operations and developments for campus managers?
7. Is the planning and budgeting process sufficiently responsive to changes in campus programs, enrollments and emergency developments?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various departments and personnel concerned with planning and budgeting activities and on responsibilities of line managers and other staff offices.)

1. In the following areas has the planning and budgeting staff developed an effective pattern of relationships which is reflected in current operations:

   a. with campus top management for their leadership and decision-making inputs?

   b. with the academic and research planning process from individual faculty members and principal investigators to campus academic committees, deans, provosts, department chairmen and the library?

   c. with other staff offices involved in the process, particularly with those responsible for architecture and engineering, physical plant, accounting, environmental health and safety, personnel, space management, contract and grant administration, gifts and endowments, and community relations?

   d. with various campus planning and building committees who are involved in the process?

2. Are the campus planning and budgeting decisions adequately reflected in documentation, reports and files that are current and readily available to all segments of the campus?

Part C. *Operations*

(These questions are mainly concerned with the administration and performance of the tasks involved in the planning and budgeting process. They also direct attention to the operations of the budget and planning office.)

1. Is the campus planning for the operating and capital budgets in effect beyond the immediate year to cover a minimum program development period? Is it based upon explicit, reasonable assumptions, adequate historical data and explicit workload factors?

2. Are the campus plans for the operating and capital budgets updated annually and are they sufficiently flexible to meet changing conditions?

3. Do the operating and capital budget systems include the establishment of priorities and the allocation of resources in accordance with these priorities?

4. Does the budget planning process include periodic projections of manpower requirements based upon supply-demand analyses?

5. Are manpower utilization and cost effectiveness analyses made of alternative approaches and staffing patterns for the performance of activities?

6. Is the campus organization structure periodically reviewed to determine whether it is effective to achieve campus objectives?

7. Does the campus planning process incorporate a systematic progression and analysis from generalized conception plans to specific structures and detailed facilities to meet both immediate and longer-range requirements of campus programs and objectives?

8. Does the process reflect a reasonable balance among technical inputs of the planning staff, operating requirements of line managers and other staff offices and more general objectives of campus management?

9. Does the budget formulation process allow sufficient time for preparation, review, adjustment, consolidation and approval steps in the light of institutional requirements and external restraints? Could the process be streamlined in view of the realities of the budget planning and decision-making environment?

10. Do estimates of revenues and expenditures reflect a balanced consideration of program and workload analyses related to campus goals and objectives, as well as historical trends?

11. Are variations between budget estimates and expenditures analyzed on a systematic basis to make reallocations of existing resources and to improve future budget projections?

12. Is the responsibility for maintaining budget control of expenditures clearly established and understood throughout the campus? Where budgetary controls are not observed is effective management action taken?

13. Are amendments of the budget and budget transfers subject to reasonable controls, review procedures and documentation requirements?

14. Does the financial accounting and reporting system provide adequate cost data on a timely basis and in sufficient detail to meet the needs of line managers for preparing budgets and comparing estimated and actual revenues and expenditures?

15. Are duplicative or supplementary records being kept and considered necessary by line managers or their staffs?

16. Does the system of budget allocations, transfers, and reconciliation involve a minimum of paperwork consistent with requirements for control and effective management?

17. Are budgetary savings administered effectively and equitably and reallocated to meet priority requirements to the extent available?

Part D. *Relations in Multi-Campus Systems*

(This part includes questions peculiar to multi-campus systems. They are concerned with systemwide policies and procedures and their implementation at campuses, and with relations between the systemwide office and the campus.)

1. Does the planning and budgeting process provide adequately for individual differences in programs and requirements of individual campuses?

2. Are adequate data and guidance given by systemwide administration on the basic assumptions and restraints that should be observed in the planning and budgeting process?

3. Do the systemwide controls and required approvals in the budgeting process represent a reasonable pattern in the light of the responsibilities delegated to the campuses, the amount or critical nature of the funds involved and alternative control procedures that might be employed?

4. Is there adequate feedback to the campus at significant points in the budget process?

Part E. *Pertinent Background Data and Documents*

(This part provides a listing of such items as policy references, procedural documents, workload data and measurements and performance indicators which will be helpful to the review team in conducting the appraisal. These are in addition to the items listed in Part E of the *General Management* Guidelines section.)

1. Institutional instructions and guidelines on the budgetary and planning process.
2. Copies of the academic and research programs of the campus.
3. Copies of the current capital and operating budgets.
4. References to the campus facility plans.
5. Analyses of budgeted and actual expenditures, revenues and expenditures, together with analyses of budget amendments, transfers and reconciliations that may be available.

Management Appraisal Guidelines
MATERIEL MANAGEMENT

Objectives of Materiel Management

Purchase and provide quality supplies, equipment, and services to institutional departments in an economical and timely manner.

Assure that all merchandise is received and delivered to departments promptly and efficiently.

Exercise effective control over the purchase, inventory, redistribution and sale of institutional equipment and supplies.

Background Information for the Review Team

At most institutions the cost of items purchased is the largest budget item after salaries and wages. The degree of centralization of the basic areas of materiel management —purchasing, receiving, stores operations, and equipment management—varies among campuses, so that parts of each routine may take place at the department level, at the central level, and at the research administration level. In addition to their line responsibilities, the central administrative units also have responsibilities to assist departments and other organizations by providing, for example, technical procurement advice, or equipment maintenance and storage specifications.

The purpose of this review is to assist the institution to evaluate the effectiveness of its organization, principal resources and systems for materiel management. While the campus materiel management and purchasing offices may have primary responsibilities in the program, a comprehensive review must consider not only the operations of central units, but also institutional policy and organization; interfaces among campus departments, users and vendors; and relations with other campuses in a multi-campus system, if any.

Part A. *Institutional Policy and Organization*

(These questions emphasize the functions of planning, and policy formulation as they specifically relate to materiel management. The questions cover only those aspects of operational management which are not covered in the *General Management* section of the Guidelines.)

1. Do institutional purchasing policies provide for an adequate review of equipment available within the institution or from government supply sources before a purchase is initiated?
2. Is there an effective program for the development and utilization of minority business enterprises?
3. Are there adequate institutional policies for disposing of or redistributing excess or under-utilized equipment and supplies?
4. Do adequate procedures exist for complying with all reporting responsibilities to federal agencies?
5. Are policies established to measure and insure cost-effectiveness of the purchasing operation?
6. Are delegations of authority clearly designated and understood by all staff members?
7. Does institutional policy encourage a general sense of purchasing ethics?
8. Are there effective policies for handling hazardous items, controlled substances, foreign items, high value purchases, and other items requiring special handling?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various campus departments, users, and outside vendors involved in purchasing and overall materiel management.)

Relations with Users

1. Is there an effective mechanism for user participation in purchasing decisions?
2. Is there a regular method to communicate relevant purchasing information to users?
3. Are complaints from users resolved promptly and satisfactorily?
4. Does the materiel manager or his staff participate in advance planning for acquisition of major equipment or high value orders? Does this participation involve:
   a. development of specifications?
   b. consideration of alternatives?
   c. transfer or sharing of existing equipment?
   d. consideration of auxiliary equipment or supplies and adequate space?
   e. administration of performance under a major purchase contract or subcontract?

Relations with Vendors

1. Are there effective safeguards for avoiding prejudicial employee-vendor relationships?
2. Is the institutional effort made to secure vendor discounts, in addition to normal trade discounts, effective?
3. Are procedures established for written vendor acceptance of certain orders?
4. Are there adequate procedures to monitor vendor performance to the conclusion of an order, and to invoke penalty procedures if necessary?
5. Are vendors and their products adequately evaluated? Are the results of evaluation put to effective use?
6. Are complaints from vendors resolved promptly and satisfactorily?

Part C. *Operations*

(These questions are concerned with the administration and performance of materiel management activities.)

Purchasing

1. Do purchasing policies provide for adequate vendor competition? Are there clear policies relating to:
   a. the number of quotations solicited and the cost levels at which such quotations are required to be solicited?
   b. the review of specifications to determine that they are not unnecessarily restrictive?
   c. the review of items designated "sole source" by the requisitions?
2. Are prices paid for equipment, supplies and services generally equivalent to or less than those paid by comparable organizations?
3. Do savings realized on purchases justify the cost of the purchasing operation?
4. Are orders expedited in an effective manner?
5. Is the time required to process requisitions reasonable?
6. Is the appropriate administrative approval secured for purchase of high value items?

7. Are departmental change orders and adjustments processed promptly?

8. Is the staff diligent in securing vendor compliance with institutional terms and conditions and keeping requests for exceptions to a minimum?

9. Is adequate consideration given to transportation freight costs prior to purchase negotiations? Is consideration given to the routing and method of transportation regardless of the F.O.B. point?

10. Is evidence of appropriate insurance coverage secured when necessary?

11. Are the staff members who are assigned responsibility for purchase against government contracts and grants familiar with the requirements of the contracts and grants and the approvals necessary? Is compliance achieved?

12. Is there staff commitment to the institutional program for the utilization of minority business enterprises? Is the program successful?

13. Do all staff members operate with a good understanding of professional purchase ethics?

Receiving

1. Are goods promptly inspected upon receipt?

2. Does a central receiving station or another effective system exist on campus? Do shipments move on to departments without delay? Are receiving records accurate?

Storehouses

1. Is ordering for stock replenishment pre-planned? When appropriate, does such planning include economic order quantity techniques modified to reflect shelf life and space limitations, fluctuating use patterns, and maximum order quantities?

2. Are overstocks resulting from inactivity or obsolescence effectively identified and liquidated?

3. Are most orders for stock replenishment placed under pre-negotiated agreements?

4. Does the institution have an adequate procedure for measuring service level against requisitioner needs?

5. Is a stores catalog issued on a regular basis to departments?

6. Are storehouse operating costs realistic and competitive with outside sources of supply?

7. Do storehouse markups cover operating costs?

Equipment Management (Property Control)

1. Is new equipment marked with proper identification in a prompt and efficient manner?

2. Are there accurate records defining the acquisition, location of, and responsibility for equipment?

3. Are effective sampling methods used for checking physical inventories?

4. Is lost or damaged equipment reported and processed effectively?

5. Is there strong administrative support of an equipment utilization program? Is the staff alert to identification of such equipment? Is there appropriate notification to possible users of availability of such equipment?

6. Are lists of institutional excess equipment screened before new equipment is purchased? Do departments have access to these lists?

7. Are using departments alerted to the benefits of sharing equipment?

8. Is there an effective program for the periodic evaluation of equipment for salvage or disposal of obsolete or worn out items? Is excess material disposed of within a reasonable period of time?

Part D. *Relations in Multi-Campus Systems*

(These questions apply to functions peculiar to multi-campus systems.)

1. Have materiel managers throughout the system developed an effective procedure for cooperation on large scale purchases?

2. Have materiel managers throughout the system developed an effective exchange of information?

Part E. *Pertinent Background Data, Documents and Sample Opinion Polls*

(This is a listing of such items as policy references, procedural documents, workload data, and activity measurements which will be helpful to the review team in conducting its appraisal. These are in addition to the items listed in Part E of the *General Management* section of the Guidelines.)

Campus Documents

—Institutional policy and procedural manual.
—Informational brochures prepared for users and vendors.

Sample Opinion Polls

Three opinion polls were developed by the University of California's Berkeley campus for use in a management appraisal. The surveys were developed to sample the opinions, attitudes, and knowledge of the vendors, the campus users, and the employees in purchasing. The vendor survey is based, in part, on a similar survey designed for Otis Engineering in consultation with the firm of William E. Dollar and Associates. Parts of the employee survey are based on material from *Scales for the Measurement of Attitudes*, Shaw, M.E. and Wright, J.M., McGraw-Hill. Copies of these polls may be obtained by sending a large stamped, self-addressed envelope to Research Management Improvement Project, 423 University Hall, Berkeley, CA 94720.

Publications

—*Guide to Purchasing*. National Association of Purchasing Management. Continually updated.
—Pertinent, current publications of the National Association of Purchasing Management.
—Lee, Jr. L. and Dobler, D.W. *Purchasing and Materials Management*. McGraw-Hill, see latest edition.
—Aljian, G.W. *Purchasing Handbook*. McGraw-Hill, see latest edition.

Management Appraisal Guidelines
PERSONNEL MANAGEMENT

Objectives of Personnel Management

Achieve optimum utilization of the institution's human resources to carry out its mission.

Promote harmonious employer-employee relations and opportunities for employee advancement.

Background Information for the Review Team

The purpose of this review is to assist the institution in evaluating the effectiveness of the personnel management organization, coordination, resources and systems to meet the needs of the institution. It focuses on the personnel management programs for staff personnel but also recognizes the need for close coordination with academic personnel policies and practices. It includes the evaluation of the policy-setting practices by campus management as well as personnel management operations at all levels of campus administration. While the staff personnel office has a primary responsibility for the program, this review encompasses other aspects of campus operations, organization and responsibilities involved in, or related to, personnel management. Particular attention is given to the effectiveness with which personnel management programs respond to changing requirements, fluctuations in employment, emergency conditions and shifts in employee attitudes and relationships.

Part A. *Institutional Policy and Organization*

(These questions are concerned with the general integration of personnel management within the campus structure as a whole. They cover only those aspects of policy and organization not covered in the *General Management* section of the Guidelines.)

1. Is there a well defined and generally understood policy and program statement on personnel management for the campus that is reflected in day-to-day operations?

2. Does this policy and program statement place appropriate emphasis on the interrelationships among recruitment, employment, classification, performance evaluation, training, employee relations, layoffs, emergency and special employment programs and satisfaction of personnel requirements of the departments?

3. Is there evidence of effective participation and understanding by campus top management in personnel management policy and program decisions?

4. Are the roles, relationships and responsibilities of the line managers and the personnel staff clearly understood and reflected in all phases of personnel management?

5. Is there an effective set of policies and procedures relating to the employment of students that reflects their special requirements? Are these policies compatible with those applicable to other employees?

6. Does the staffing and organization pattern for the personnel management office encourage integration of personnel services from the customer's point of view through such devices as the designation of departmental liaison representatives?

7. Does the personnel management staff office maintain an effective balance between its responsibilities to management and encouraging open relations with employees?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various departments and the responsibilities of the line managers and other staff offices.)

1. In the following areas has the personnel management staff developed an effective pattern of relationships:

a. with top management regarding 1) major personnel policies and programs, 2) employee organizations, 3) potential personnel problem areas?

b. with the academic personnel staff on the coordination of policies and procedures and personnel actions?

c. with the environmental health and safety and security programs?

d. with the payrolling process?

e. with the management information data system development and operations?

f. with the planning and budgeting process?

g. with line managers, particularly those with large, complex or specialized personnel operations?

h. with principal investigators and academic departments on extramural funded operations involving unique or substantial personnel operations?

2. Has an optimum balance been achieved in the decentralization of personnel operations to academic departments, schools or major organized research units?

3. Are the data files, records, reports and other information relating to personnel available to all elements of the institution under clear guidelines and workable procedures?

4. Have the roles and responsibilities of the personnel office in various emergency situations, ranging from labor disputes to natural disasters, been clearly delineated and made known to key personnel throughout the campus?

Part C. *Operations*

(These questions are mainly concerned with the administration and performance of the tasks involved in providing effective personnel management services to the institution. They also direct attention to the operations of the personnel office.)

Employment

1. Does the employment services program reflect a balanced concern among such things as: needs of the employing departments, observance of policies and procedures, effective use of the employment staff and interests of the applicant?

2. Is the division of responsibility for the various phases of employment between the staff personnel office and the employing department clearly understood and carried out in a well coordinated manner?

3. Are there follow-up evaluations during the probationary and subsequent periods to determine the relationships of the employment process to employee performance on the job?

4. Does the employment process produce a sufficient number of qualified applicants in a timely manner with due regard to affirmative action goals?

5. Is there an effective procedure for evaluating employing department satisfaction with the employment process on a systematic basis?

6. Do the employee requisitioning procedures adequately provide for: description of position vacancies, specification of desired qualifications, description of job responsibilities, assurance of available funds and authorization of appointment?

7. Is there an effective program of posting of vacancies on campus, provision for promotional talent banks, or use of other techniques to encourage promotion from within?

8. Is there a satisfactory balance between promotion from within, lateral transfers, and recruitment from external sources, both at entry and higher levels?

9. Are the interviewing, screening and selection processes designed to carry out the letter and spirit of the law, regulations and institutional policies?

10. Is turnover and separation information gathered and analyzed to initiate corrective action in institutional policies and procedures or in the practices of the employing department, as appropriate?

11. Are the various federal and state emergency and disadvantaged employment and training programs carried out in close collaboration with other segments of the personnel office?

12. Where layoffs and reductions-in-force are required, is there an effective program of referral to, and coordination with, departments that results in substantial placement of these persons?

13. Is there an effective program of orientation of new employees on personnel matters and employee benefits?

14. Is adequate attention given to the observance of the special requirements of the federal contract and grant agencies and of the institution on the employment of consultants both from within and outside the institution?

Training and Development

15. Is there an effective employee development and training program that reflects a balanced concern for the needs of employing departments; the interests of the employees; the requirements of law, regulations and institutional policies; reasonable cost considerations; and the realities of possible accomplishment and opportunities?

16. Are minimum employee training and development requirements for initial orientation, on-the-jobs skills, administrative procedures and management and supervisory training being met? Are these programs evaluated regularly to determine their effectiveness from the viewpoints of both the employee and of the employing department?

17. Is there adequate staff and support for the training function to carry out the program at a reasonable cost?

18. Is there evidence of cooperation and satisfaction with the training and development program by line managers?

19. Is the training and development program effectively coordinated with the personnel programs for employee evaluation, promotion and position classification?

Salary Administration

20. Is the position classification and salary determination system clearly understood and usable? Is it perceived as fair and equitable and does it satisfy the needs of both line management and the employees?

21. Is the system subject to reasonable and timely adjustment to meet changing conditions and operating requirements?

22. Is there an effective merit pay program that is equitably administered? Are the results carefully monitored?

23. Are requests for reclassification of positions processed in a timely and equitable manner?

24. Are individual reclassification actions evaluated in relation to other positions and the total staffing pattern for the organization unit involved?

25. Is the salary administration and position classification system effectively coordinated with other phases of personnel, such as recruitment and performance evaluation, to meet campus needs?

26. Is there an operative program to assure compliance with requirements of the Fair Labor Standards Act and related legislation and regulations?

Employee Relations

27. Is there an effective counseling and training effort for the campus community on employee relations matters, including collective bargaining?

28. Is there an effective employee grievance procedure that is generally understood and accepted throughout the campus as a positive contribution to management-employee relations?

29. Is there sufficient autonomy, objectivity and independence in the employee grievance process?

30. Are employee grievances systematically analyzed to determine whether they involve possible deficiencies in institutional or supervisory policies and procedures? Based on these analyses are corrective actions taken?

31. Have the personnel office and top management fostered two-way communication with employees, employee groups and employee organizations?

32. Is there a contingency plan for all or parts of the campus which clearly outlines the law, policy, regulations and procedures that are applicable in case of walk-outs, strikes and other labor disputes?

33. Have effective standards and policies governing employee conduct, basis for disciplinary action, conflicts of interest, outside employment and similar matters been issued and enforced? Are they coordinated with academic personnel policies?

Affirmative Action

34. Does the campus have a DHEW approved affirmative action program for personnel?

35. Is that program effective in terms of achieving to a reasonable degree the campus and unit goals, objectives and timetables for various categories of personnel?

36. Are there adequate records and management information data to evaluate affirmative action performance throughout the campus?

37. Has affirmative action been reflected effectively in all phases of personnel management from recruitment to layoffs? Are checklists of essential elements of such a program furnished for the guidance of line managers?

38. Is the affirmative action staff at an effective organizational level to carry out the program and to maintain communication with top management?

Staff Benefits

39. Is information about employee benefit programs effectively communicated to employees in a timely manner?

40. Is the staff benefits counseling staff adequate in number and sufficiently well informed to provide effective advisory services both to the departmental administrative staffs and to employees with special benefit problems?

41. Is a systematic effort made, with significant input from employees, to evaluate the adequacy and deficiencies in the staff benefit program and to initiate changes in these programs for the consideration of campus management?

42. Are adequate safeguards in effect to avoid abuse in connection with such staff benefit programs as workman's compensation, unemployment insurance, medical disability and sick and vacation leave?

Part D. *Relations in Multi-Campus Systems*

(This part includes questions peculiar to multi-campus systems. They are concerned with systemwide policies and procedures and their implementation at campuses and with relations between the systemwide office and campuses.)

1. Is there an effective and equitable policy for resolving questions of personnel management that involve substantial differences in local campus conditions and practices?
2. Has an effective program been developed to encourage inter-campus personnel programs such as promotions, transfers, placement of layoffs and reimbursement for moving expenses? Are these programs being utilized to a significant degree?
3. Is there an ongoing system for the interchange of information among the campuses and systemwide administration on employment opportunities, personnel data, developments in employee relations and other facets of personnel management?

Part E. *Pertinent Background Data, Documents and Sample Opinion Polls*

(This is a listing of such items as policy references, procedural documents, workload data and measurements, and performance indicators which may be helpful to the review team in conducting the appraisal. These are in addition to the items listed in this part under *General Management.*)

1. Schedules of personnel inspections and position audits for the current and past year.
2. Copies of emergency personnel management plans for the campus.

Sample Opinion Polls

Departmental and employee questionnaires developed by the Riverside campus of the University of California may be obtained by sending a large stamped, self-addressed envelope to Research Management Improvement Project, 423 University Hall, Berkeley, CA 94720.

Management Appraisal Guidelines
PUBLIC SAFETY AND CAMPUS SECURITY

Objective of the Public Safety and Campus Security Program

Protect life and property and provide a safe environment for students, faculty and staff.

Background Information for the Review Team

The public safety and campus security program includes the following basic elements:

1. *Protection of Life and Property:* Maintenance of adequate police and fire services, physical plant security and environmental safety.

2. *Law Enforcement:* Establishment and maintenance of adequate levels of campus police service to ensure enforcement of all applicable federal, state and local ordinances; prevention and investigation of crime; apprehension of offenders, parking control; special events service and disaster operations.

3. *Emergency and Disaster Services:* Planning, organization and response to campus emergency incidents; maintenance of appropriate emergency systems (alarm, communications, and notification); coordination and proper application of campus resources; and effective interaction with off-campus emergency service agencies.

The purpose of this review is to assist the campus management in evaluating the effectiveness of its organization, coordination and principal resources for attaining the objectives of the public safety and campus security program.

It should be pointed out that the various campus units and organizations involved in implementing the program, such as police, physical plant, environmental health and safety, fire protection, parking control and guard service, have two responsibilities. They have operating and service responsibilities and also fulfill a technical role in advising the campus administration and making recommendations on what needs to be done to maintain a safe campus. School, college and departmental officials are responsible for carrying out the program within their respective areas.

A large part of this evaluation review will be to determine how well the Police Department, which normally is the campus organization most directly concerned with public safety and security, performs its mission. In addition, the effectiveness and coordination of related responsibilities and operations carried out by other units should also be reviewed. Supplementary questions may also be found in the guidelines for *Environmental Health, Safety and Risk Management* and for *Facilities Management*.

Part A. *Institutional Policy and Organization*

(These questions are concerned with the general organization and management of the public safety and security functions with respect to the campus as a whole. They emphasize such functions as planning, budgeting, policy formulation, delegations of authority and exercising responsibility, to the extent that these matters are not covered in the *General Management* Guidelines section.)

1. Are there adequate stated campus programs and objectives for the following elements of the public safety and campus security program:
   a. personnel, property and building security?
   b. traffic and parking control?
   c. law enforcement activities?
   d. emergency and disaster response?

2. Has the responsibility for administering these programs and achieving campus objectives been clearly delegated by the appropriate campus authority? Do the responsible officials understand their responsibility and do they have a formal program and budgetary resources for accomplishing the stated objectives?

3. To the extent that these campus programs involve potential conflicts or competition in priorities with other institutional objectives and goals are there effective mechanisms for resolving these issues?

4. Do top management and the officials directly responsible for safety and security understand the special role of the police department in an academic environment?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various departments and personnel concerned with public safety and security activities and the responsibilities of the line managers and other campus staff offices and external groups.)

1. Have the responsibilities of line managers in carrying out the objectives of the public safety and security programs, particularly in the areas of building security, protection of persons, property control, emergency response, and crime reporting, been adequately defined? Are these responsibilities recognized by top management and other line managers?

2. Is there effective technical and operating coordination between the police department and other staff offices, such as environmental health and safety, student health, physical plant, personnel and parking?

3. Are there effective and equitable guidelines governing the availability of police records and data files to various interests on campus and to external organizations seeking information from these sources?

4. Is there an effective organizational and operating relationship between parking control and the police department?

5. Are the costs of compliance with security and crime prevention standards identified and provided for in the budget of schools, colleges and departments?

6. Do responsible line mangers have regular and effective working relationships with the police and other safety and security offices?

7. Do the campus police, fire and other safety and security officers have a clear understanding of their relationships with local and state officials with parallel responsibilities? Are these reflected in effective working relationships?

Part C. *Police Department Operations*

(These questions are concerned with the administration and performance of the tasks involved in the operations of the police department. They do not cover other aspects of public safety and campus security.)

1. Are there appropriate organizational relationships between the technical units within the police department responsible for various aspects of public safety and campus security?

2. Have general orders, special orders and administrative instructions been issued and are they readily available to all personnel?

3. Are there regular and adequate methods to test policy and procedure compliance?

4. Are personnel required to acknowledge new orders in writing?

5. Are there positive and adequate methods for dealing with those members of the staff who refuse or do not comply with departmental regulations, general and special orders and administrative instructions?

6. Is sufficient training, beyond the basic post-certification requirements, provided for new police officers and for career employees, particularly in such areas as management development and technical law enforcement specialization?

7. Is there an adequate qualification procedure for special assignments?

8. Does the department conduct a regular and effective performance evaluation program for career and probationary peace officer personnel at all classification levels?

9. Is there a systematic review of current and proposed operations with a view towards the use of alternative measures such as subcontracting services or using regular local and state governmental services?

10. Is the police facility functionally adequate? Is there sufficient space and is it used efficiently? Is it designed, furnished and equipped to perform the complete police responsibility without undue interruption? Is the facility conveniently accessible to the campus community and is it secure?

11. Do supervisory personnel conduct regular inspections of equipment and facilities?

12. Are there effective procedures for reporting damaged or unsafe equipment?

13. Does the department have performance standards and regulate the care, use and replacement of equipment such as firearms, motor vehicles, tear gas, batons and uniforms?

14. Is the use of technical or specialized equipment limited to qualified personnel only?

15. Are the most economical procedures followed in the purchase of ammunition, uniforms, weapons or other supplies and equipment?

16. Does the department engage in an effective program of mutual assistance with other campus police departments, or state and local agencies, providing for the temporary exchange or use of specialized equipment or personnel?

17. Are funds and property acquired by, deposited with or turned into the police department for safekeeping or as evidence adequately processed, secured, receipted and otherwise accounted for in compliance with state statutes, rules of evidence and institutional policies? Are these controls in effect for dangerous drug and narcotic evidence?

18. Does the department regularly and satisfactorily follow-up and seek to return unclaimed property to owners, including towed and impounded vehicles?

19. Are individual members of the department fully informed of the confidentiality of police records? Are the requirements for confidentiality being followed in connection with requests from within and outside the campus community?

20. Does the department interface or participate with external information resources under policies that have been approved by campus management?

21. Is the information received from external sources effectively used by the department?

22. Is there an effective written procedure providing for an appropriate response when complaints are made against an activity, behavior of the department or behavior of the department's personnel? Is information about complaints made available to campus management?

23. Does the department rely on other campus units for information and records? Is such information adequate and timely?

24. Do supervisory personnel regularly participate in inspection and review of routine and emergency operational responses e.g., calls for help, crime in progress reports, injury cases, arrests and general assignments?

25. Is there adequate field supervision?

26. Are written reports systematically reviewed for legal foundation, content, completeness, accuracy, appropriate classification and follow-up work?

27. Are principals and other key persons notified as to the progress of the investigation or disposition of a case?

28. Are there adequate written and posted procedures for emergency response and disaster control?

29. Are there adequate written plans for coordination with other campus units and outside agencies in the event of an emergency?

30. Does the department conduct effective public safety educational programs to assist the community?

31. How effective is the department in planning and providing police services for special events and programs on campus?

32. Is there an effective, regular program in the department to critique routine and special police services? Are modifications made to these services as a result of these critiques?

33. Does the staffing pattern reflect an appropriate balance between supervisory and non-supervisory officers and in the use of civilian personnel?

Part D. *Relations in Multi-Campus Systems*

(This part includes questions peculiar to multi-campus systems. They are concerned with systemwide polices and their implementation at campuses, and with relationships between the systemwide office and the campus.)

1. Is there an effective program of encouraging and facilitating mutual assistance and temporary exchange or use of specialized equipment and personnel among the campuses?

2. Do the systemwide polices and guidelines allow sufficient flexibility to accommodate the unique requirements, conditions and attitudes of the individual campuses?

Part E. *Pertinent Background Data, Documents and Sample Opinion Polls*

(This is a listing of such items as policy references, procedural documents, workload data and measurements and indicators which will be helpful to the review team in conducting the appraisal. These are in addition to the items listed in Part E of the *General Management* Guidelines section.)

1. List of buildings and total area, including off-campus and peripheral sites, under the jurisdiction of campus police.

2. Data on the average daily population of the campus for different times of day by major categories of students, faculty, staff and visitors.

3. List of annual special events resulting in added patrol and enforcement requirements.

4. Describe briefly areas and number of joint operation and mutual aid arrangements with other campuses and outside law enforcement agencies.

5. List methods used by the department, other than patrol, for development of public safety and crime prevention.

6. Copies of agreements with agencies having concurrent police jurisdiction.

7. Departmental regulations regarding care, use and replacement of equipment.

8. Written procedures on complaint investigation and follow-up.

9. Written and posted procedures for emergency response and disaster control, including procedures for notification of campus officials.

Sample Opinion Polls

A follow-up questionnaire developed by one of the University of California campuses is included. Please note that this is designed for use about one year after the initial review.

PUBLIC SAFETY AND CAMPUS SECURITY

Management Appraisal Follow-up Questionnaire

This questionnaire is designed to assist the Evaluation Team in the final review of the Police Department. Your response is important, so please consider your answer before marking. All responses will be anonymous and confidential. Thank you for your cooperation.

PLEASE CIRCLE THE *MOST* CORRECT RESPONSE FOR *YOU*.

RANK: Officer Sgt. Lt.

YEARS OF SERVICE IN THE POLICE DEPARTMENT:

Less than 1 yr. 1-5 yrs. 6 or more yrs.

1. How many different work shifts have you been assigned to in the last twelve months?

1 2 3 4 5 6 7 8

2. How many different supervisors have you had in the last twelve months?

1 2 3 4 5 6 7 8

3. To what extent would you rate your off-duty, non-police involvement with the local community?

None Little Some Much

4. How many times in the last twelve months has your supervisor met with you to discuss your job performance?

0 1 2 3 4 5 6 7 8 9 10

5. To what extent have you participated in the development of departmental policy and procedure?

None Little Some Much

6. To what extent do you understand the Departmental General Orders?

None Little Some Much

7. How would you rate the daily training you receive at roll call?

Very weak Poor Good Excellent

8. How many times in the last twelve months have you attended special training sessions (outside the department) that relate to police activities?

0 1 2 3 4 5 6 7 8 9 10 or more

9. How would you rate your Supervisor's performance in keeping you informed of changes in campus and departmental policies and procedures?

Very weak Poor Good Excellent

10. To what extent would you describe student involvement in departmental activities and programs?

None Little Some Much

11. How would you describe the department's development and involvement in crime prevention programs for the campus community?

Very weak Poor Good Excellent

12. Approximately how many times in the last twelve months has your supervisor worked with you in the field?

0 1 2 3 4 5 6 7 8 9 10 or more

13. How would you rate the initial training you received when you were hired by the department?

Very weak Poor Good Excellent

14. How would you rate the on-going, in-service training you received in the department during the last twelve months?

Very weak Poor Good Excellent

15. How would you rate the consideration given by top management (Chief and Lt's) to suggestions for departmental improvement?

Very weak Little Some Much

16. How often are departmental employees made aware of changes in departmental policy and procedure before the changes occur?

None Little Some Much

17. How many times in the last twelve months have you met with campus personnel to discuss police policy, procedures and programs?

0 1 2 3 4 5 6 7 8 9 10 or more

Management Appraisal Guidelines
REGISTRAR

Objectives of the Registrar Program

Plan, coordinate and conduct an effective registration process.

Provide an effective enrollment process for the institution.

Develop and maintain a system of recording data which is responsive to students' and instutional requirements.

Satisfy the data reporting requirements of the institution.

Background Information for the Review Team

The purpose of this review is to assist the institution to evaluate the services which the Registrar process is rendering to students, faculty, and the institution. While a good deal of attention will focus on the operations of the Registrar's Office, nevertheless evaluations of the institution's support to the process and of the necessary involvement of academic departments and faculty are a significant part of the review.

Part A. *Institutional Policy and Organization*

(These questions are concerned with the general organization and management involved in the registration program in relation to the campus as a whole and the interfaces between the registrar and the line managers and other staff offices.)

1. Are campus registration and enrollment functions consolidated under a single officer responsible to the head of the institution or otherwise organized in an effective manner?

2. Do other offices or departments providing support functions for the student, academic and research processes cooperate effectively with the Registrar in attaining the Registrar's objectives? Does the campus have an effective and responsible communications structure among such elements as e.g., accounting, admissions, business office, bookstore, cashier, loan collection, parking, planning, deans or provosts of schools and colleges, housing and food services, student affairs, counseling services, economic opportunity program, financial aids, student employment, and health service?

3. If campus advisory committees are established, do they make substantial contributions to the registration procedures?

4. Has the institution been responsive to the most frequent complaints from the students about the registration process?

5. Does the Registrar's Office physical location encourage frequent communication with the key interface activities listed in Question 2 above?

6. Are the registration and enrollment processes designed so that coordination among departments such as the cashier, financial aids, provost and college deans are expedited and problems are resolved in a timely manner?

7. Have adequate provisions been made to safeguard student academic records from loss or destruction?

Part B. *Registration*

(This part covers questions on registration, which is defined as planning, coordinating and conducting a process of assessing and collecting fees from students each term and administering the activities leading up to this process, as well as those associated with it.

The registration process includes interfaces with other people and units such as students, academic departments, institutional officials, dean of student affairs, admission offices, economic opportunity programs, legal residence matters, institutional admission systems, financial aids, business manager, accounting, cashier, planning, provosts, and public relations.)

1. Does the campus policy clearly define how students with outstanding debts are to be handled in the registration process?
2. Is there a clear policy on late service fees and under what conditions these fees may be waived, and who has authority for waiving?
3. Are student fees clearly defined and specified?
4. Is there a statement of the procedure of how these fees are to be collected and under what conditions, if any, they may be waived, and who has the authority to waive them?
5. Is the withdrawal procedure clearly defined, including academic as well as fiscal considerations?
6. Is the minimum class size clearly provided for?
7. Is the registration process so structured as to require a minimum amount of time and effort on the part of the students, faculty and staff external to the Registrar's Office?
8. Are procedures for registration available which provide adequate information to students, Registrar's staff, academic departments and administrative offices involved in the registration process?
9. Do the procedures provide means of positively recording the fees paid to the Cashier by each student?
10. Are there efficient means of transmitting fee payment information from the Cashier's Office to the Registrar's Office?
11. Are periodic reports made to keep various offices currently informed of students who have paid fees?
12. Do established procedures allow a student receiving financial aid through the institution to pay his fees and receive financial aid with minimum complications?
13. Do procedures allow students, including those with outstanding debts, to pay fees for a given term and provide a means of collecting the outstanding debt within a limited time?
14. Does the Registrar, working under institutional policy, formulate and coordinate each term's registration plans with sufficient lead time to allow concerned offices to interact?
15. Are requirements of the departments and schools properly integrated in each term's registration plans?
16. Is the registration process critically evaluated each term and, in the light of this critique, are changes made to improve the process? Do academic and student representatives participate?
17. Are directions for registration published in clear and concise language and adequately distributed to students, faculty and staff?

Part C. *Enrollment*

(This part covers questions on enrollment, which is defined as providing an effective means of assigning students into classes and administering the activities leading up to this process, as well as those associated with it. The enrollment process involves interfaces with students, department chairmen, faculty, deans, provosts, registration system, relations with schools, academic affairs, institutional systems, institutional studies, budgetary planning, bookstore, classroom scheduling, and schedules of classes.)

1. Is there written policy that clearly defines the process of producing each term's schedule of classes and outlines the responsibilities of the various officials concerned with producing the schedule of classes?

2. Is there written policy that defines the process of adjusting each term's schedule of classes in response to student demand and does this policy outline responsibilities of various officials concerned with this adjustment?

3. Do enrollment procedures provide adequate information to students, Registrar's staff, academic departments and administrative offices involved in the enrollment process?

4. Are procedures so structured as to require a minimum amount of time and effort on the part of students, faculty and staff?

5. Is there adequate opportunity for students to make changes in their academic program?

6. Does the Registrar's Office plan each term's schedule of classes with sufficient lead time to allow deans and chairmen time for adequate analysis, review and interaction?

7. Does the Registrar's Office provide deans and chairmen with a record of previous data such as student demand for each class, as well as enrollment, to assist them in constructing the current term's schedule of classes?

8. Does the Registrar's Office maintain an accurate and updated record of the current schedule of classes at all times during the enrollment process and through the end of each term?

9. Is the schedule of classes distributed to students, faculty, advisors and others with sufficient lead time to encourage deliberate care in advising and enrollment?

10. Is the enrollment process designed to allow students to:

a. enroll in classes with a minimum of waiting in line?

b. have flexibility in choosing courses?

c. specify alternative schedules if first choices are taken?

d. specify blocks of time for which classes should not be scheduled?

e. be provided with a record of the student's class enrollment with an explanation of all changes or substitutions?

11. Is the enrollment process designed to provide deans and chairmen with:

a. a method of analyzing total student demand for each class and report this demand before students are scheduled into classes?

b. an analysis giving demand for each class by class level and also by majors?

c. opportunity for deans and chairmen to change the schedule of classes in light of student demand?

d. a series of class enrollment reports to keep them currently informed regarding the enrollment of each class?

Part D. *Recording*

(This part covers questions on recording, which is defined as developing and maintaining a method of collecting and storing student demographic and academic data responsive to meeting the requirements of students and the institution.)

1. Does policy clarify the relationship between the Registrar's Office and the data processing center concerning collection, recording, editing and updating of data?

2. Is collection of data so designed as to require a minimum of time and effort on the part of students and staff?

3. Is there a satisfactory procedure for students to view registration information in their files?

4. Are appropriate institutional offices kept informed about student academic and personal data changes as required for institutional operational and management informational needs?

Part E. *Reporting*

(This part covers questions on reporting, which is defined as administering a system of disseminating data to meet operational, informational and historical requirements of all segments of the institution.)

1. Does the present reporting system provide the necessary information required at both operational and management levels of the institution?
2. Does institutional policy define requirements for reports based on registration enrollment data that are needed for institutional management?
3. Are reports currently produced adequately justified?
4. Are responsibilities for reporting statistical data, as contrasted with analyzing and interpreting the data, clearly defined?
5. Is responsibility clearly fixed for reporting statistical data regarding registration and enrollment to the institutional management offices and in response to inquiries external to the institution?
6. Does the Registrar's Office produce reports as required for institutional operational and management informational needs in a timely and effective manner?

Part F. *Relations in Multi-Campus Systems*

Consult questions listed under Part D. of the *General Management* section of the Guidelines.

Part G. *Pertinent Background Data and Documents*

(This is a listing of such items as policy references, procedural documents, workload data and measurements and performance indicators which may be helpful to the review team in conducting the appraisal. These are in addition to the items listed in this part under *General Management*.)

1. Copies of work flow procedures involved in the Registrar's functions.
2. Copies of charters and minutes of advisory committees used in connection with the registration process.

Management Appraisal Guidelines
STUDENT FINANCIAL AID ADMINISTRATION

Objectives of Student Financial Aid Administration

Provide financial assistance to students in a responsive manner and consistent with the institution's educational mission.

Ensure equity, prudence and adherence to the institution's intentions in the distribution of funds.

Create awareness of the dimensions of students' financial aid needs.

Conserve available funds and account for them properly.

Recycle funds for use through loan collection, where appropriate.

Interface effectively with other student programs (such as the Registrar's and Admissions').

Background Information for the Review Team

Student financial aid administration, as here defined, encompasses all administrative aspects of the awarding and delivery of institutional, state and federal resources to eligible students. These resources include: federal and state program funds; institutional and outside agency scholarships, grants, fellowships and stipends; campus employment; and institutional loans.

The administration of student financial aid is a complex process which usually crosses campus organizational lines and involves a number of academic and administrative units.

The majority of the policies and program regulations which govern the distribution of student financial aid are formulated, imposed and changed by agents external to the campus. Policy decisions made on the federal and state levels add to the overall complexity of campus aid administration, result in heavy workloads at the institution, and impose limitations on management's ability to meet changing needs of financial aid recipients and to simplify procedures used in awarding and delivering aid to students.

The purpose of a functional review of student financial aid administration should be to assist campus management in evaluating the effectiveness of systems, processes and organizational units in attaining the federal, state and institutional objectives of student financial aid programs. An evaluation of policy and the general administration of student financial aid at all levels of campus administration should be included in the review. The evaluation may include an assessment of the following:

1. the total student financial aid administration system;
2. institutional policy as formulated for student financial aid by senior administrative officers and by deans and officials responsible for awards;
3. the impact of external policy and regulations on campus aid administration; and,
4. the operations of functional areas and organizational units responsible for the administration of student financial aid.

Part A. *Institutional Policy and Organization*

(These questions are concerned with the general integration of student financial aid administration within the campus structure as a whole. The questions emphasize the functions of planning, policy formulation, budgeting and executing responsibilities as they specifically relate to student financial aid administration. The questions cover only

those aspects of operational management which are not covered in the *General Management* section of the Guidelines.)

1. Does institutional policy specify clearly who has the responsibility for awarding financial aid, performing need analyses, designating fund assignments and determining student eligibility for renewal of aid?

2. Are procedures for administering student financial aid across the campus established in accordance with policy? Are these procedures effective? (For example: Does policy subject graduate and professional school aid applicants to the same application, need analysis and packaging policies as undergraduates?)

3. Does the Financial Aid Office have a role in the selection of undergraduate and graduate recipients of merit-based scholarships and awards? Is this role consistent with academic and administrative policies related to student financial aid?

4. Is there a policy related to satisfying the "full-need" of financial aid recipients? Is this policy consistent with the federal and campus objectives of financial aid administration?

5. Are the criteria used in determining the types and amounts of aid awarded to students published and available to students and their parents? Did the campus offices and authorities concerned with student aid administration participate in establishing these criteria?

6. Are reports to sponsoring agencies (federal and non-federal) submitted on a timely basis?

7. Does policy allow flexibility in the amount of aid, over need, which constitutes an overaward? If so, is the amount currently used consistent with federal guidelines and official requirements of accountability?

8. Does institutional policy include:

   a. annual student application for financial aid and annual determination of financial need?

   b. provision for determining the extent of a student's financial need? Does the provision take into account the financial support which may be expected from the student's parents, the student's own earnings and other student resources?

   c. requirement for student self-help, either through earnings or loans, of a stipulated amount?

   d. adjustments of awards found in excess of need and for changed circumstances?

   e. controls to ensure that the amount of aid offered to a student does not exceed the amount of need, if any of the aid awarded to a student has need as a criterion for the award?

9. Is there strict adherence to restrictions set by agencies which provide student aid (including private donors)? Does policy clearly fix responsibility for complying with external program requirements e.g., NDSL?

10. Has the campus established criteria for setting priorities on the awarding of campus controlled funds to new students, continuing students, undergraduates, graduate students? Has the criteria contributed to meeting campus objectives for financial aid administration?

11. Is there an effective procedure (through publication and other communication media) for informing parents, students and schools about:

   a. true expenses of education at the institution?

   b. availability of scholarships?

   c. opportunities for student self-help through employment and loans?

   d. amount of student support expected from income and assets of their parents, and from any other resources that may be available e.g., student savings from summer employment?

12. Is a comprehensive annual report of student financial aid activities made to the highest institutional authority?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various departments and campus groups involved in financial aid administration.)

1. Do other organizations sharing responsibility in financial assistance matters cooperate with the Financial Aid Office in ensuring overall campus coordination of student financial assistance programs?
2. Are communications between the Financial Aid Office and other campus agencies which authorize financial assistance to students adequate?
3. Is there an effective structure for communication between internal campus elements which support financial aid administration e.g., admissions, registrar, academic vice-chancellor, deans of schools and colleges, financial aids officer, accounting officer, counseling service, placement officer and development officer?
4. Is there a process by which various admissions offices notify the Financial Aid Office when students are admitted?
5. Does the Financial Aid Office have a cooperative working relationship with local banks in the administration of the Federally Insured Student Loan Program?
6. Is notice of all student campus employment promptly relayed to the Financial Aid Office by the appropriate campus agents?
7. Is there any unnecessary duplication of campus activity in student financial aid administration?
8. Do all offices issuing student fee exemptions and student fee waivers have available the terms of various exemption and waiver programs to ensure compliance with the terms of the various programs?
9. Does the campus have advisory committees which address student financial aid operations and problems? Are the contributions made by these committees helpful?

Part C. *Operations*

(These questions are concerned with the administration and performance of the actual tasks performed in providing effective financial aid services. They also direct attention to the various offices involved in financial aid administration.)

General Activities of Financial Aid Administration

1. Does the Financial Aid Office maintain an operational calendar which reflects critical due dates e.g., federal fund applications and reports, award application deadlines, aid committee meetings, etc.?
2. Are the criteria used to determine the component parts of the student budget, and applicable student budget allocations, effective?
3. Are the needs of special categories of students recognized and treated accordingly e.g., EOP recipients, medical students, graduate students?
4. Is the College Scholarship Service (CSS) or the American College Testing Service (ACT) used in assessing the financial need of each applicant for financial aid? If not, has the need criteria used been reviewed and approved by the U.S. Office of Education?
5. Is timely notice of aid awarded to a student sent subsequent to notice of admission?
6. Are awards to students reviewed and adjusted, as warranted, each time the Financial Aid Office is notified of aid awarded by other internal and external sources?
7. Has the financial aid staff been trained adequately to provide counseling to students on personal financial management?
8. Is the Financial Aid Office staff reasonably accessible to students for resolution of student financial problems e.g., money management, change of economic status?

9. Are students in need of financial assistance given priority for student employment?

10. Are campus related jobs reasonably available to all eligible students?

11. Are current manuals for the principal financial assistance programs available on the campus e.g., FISL, NDSL, SEOG? Do the appropriate offices have available the terms of aid funds to ensure that awards meet the terms?

12. Is there presently a satisfactory system to obtain financial assistance data from other institutions on students who have transferred to the campus?

Systems Development and Computer Capability

1. Does the financial aid data processing system adequately meet the needs of the campus? Does it support the needs of each office involved in recording student aid information?

2. Does the system meet information needs within adequate lead times? Are system reports accurate?

3. Are procedures established which allow the offices concerned with financial aid processing to promote and influence changes to the financial aid system? Are these procedures effective?

4. Do campus authorities make management decisions without considering the operating costs of changes to the financial aid system?

5. Do offices working with the financial aid system receive adequate technical advice on systems issues?

6. Are there adequate operating manuals to assist the Financial Aid Office staff in utilizing the system properly?

7. Are the responsibilities of all campus agents who provide data to the financial aid system clearly defined? Is the communication between these agents adequate?

8. Are meetings, which include all agents contributing information to the financial aid system, held regularly to discuss and to resolve system difficulties?

Documentation and Fiscal Control

1. Does current division of responsibility among individuals involved in the financial aid process meet requirements of fiscal accountability?

2. Are financial aid payments to students controlled to stay within approved funding levels of the operational budget?

3. Do approval signatures appear on the basic input documents used to generate aid payments?

4. Are signature authorizations for payment approval on file in the Accounting Office? Are signatures verified when payment authorizations are processed?

5. Are students' earnings data from the campus payroll system used to verify student earnings in the review of aid awards? Is the payroll information available on a timely basis?

6. Is there a system of "post-award" reviews to ensure policy compliance and recovery of funds from aid recipients?

7. Are regular overaward reports produced and reviewed monthly?

8. Does an effective procedure exist to confirm the income and other resources of financial aid applicants and recipients?

9. Is there a satisfactory process for promptly notifying the Financial Aid Office of enrollment and withdrawal activity of financial aid recipients?

10. Are aid payments made only to those students who have completed registration and enrollment for the academic term for which the aid was provided?

11. Are financial aid awards promptly refunded by students who withdraw or who don't complete registration or enrollment?

Loan Records and Collection

1. Is there an effective campus program for short-term loan collection?
2. Are the responsibilities for short-term loan collection clearly stated in writing?
3. Is there timely billing of short-term collectible loans in accordance with the terms of the loan? Is the billing procedure adequate?
4. Are efforts made to collect delinquent short-term loans? Is the collection rate satisfactory?
5. Is there an effective communications process between the Financial Aid Office and the loan collection office to preclude additional aid authorization when loan payments are delinquent?
6. Are exit interviews conducted with borrowers? Is a valid repayment schedule executed during this interview?
7. Are short-term loan applications reviewed to determine whether the loan proceeds will be used to pay expenses for which other financial aid has been awarded?
8. Are all loans transferred from "in-school" to collectible status on a timely basis?
9. Are uncollectible short-term loans assigned to a collection agency? Is the collection rate satisfactory?
10. Are long-term loans collected by an agency other than the campus? If so, is there an effective campus program for coordination with the systemwide office or outside agency responsible for collection?
11. Are procedures in effect to assure that information about loans transferred from the campus is complete and accurate?
12. Does the agency responsible for long-term loan collection provide the campus with adequate information to respond to campus and external reporting requirements?
13. Is the rate of collection on long-term loans satisfactory?

Part D. *Relations in Multi-Campus Systems*

(These questions apply to functions peculiar to multi-campus systems. They are concerned with systemwide policy and its implementation at campuses, relations between the central office and campuses, and systemwide procedures).

1. Are awarding policies standardized throughout the campuses of the system? Do these policies meet the needs of the campuses?

Part E. *Pertinent Background Data, Documents and Sample Opinion Polls*

(This is a listing of such items as policy references, procedural documents, workload data and activity measurements which will be helpful to the review team in conducting its appraisal. These are in addition to the items listed in Part E. of the *General Management* Guidelines section.)

Background Data and Documents

The following documents and publications are suggested to provide the review team with substantial background information on the national development of student financial aid, and program policies and regulations, and campus operational data.

Publications

- —current need analysis guides published by The American College Testing Program (Iowa City) and the College Scholarship Service of the College Entrance Examination Board (New York).
- —*An Annotated Bibliography in Student Financial Aid*, The American College Testing Program, Iowa City, latest edition (reference document).
- —pertinent current issues of:
  - *Federal Register*
  - *Chronicle of Higher Education*
  - *Journal of Student Financial Aid* (published by the National Association of Student Financial Aid Administrators)
- —current Congressional amendments to the Higher Education Act of 1965 (e.g., Public Law 92-318, 92nd Congress, S. 659, 6/23/72).
- —Department of Health, Education and Welfare manuals for federal aid programs (latest editions and as applicable to local aid programs).

Campus Documents

- —latest institutional application for federal aid funds
- —Financial Aid Office procedural documentation
- —Financial Aid Office flow process charts
- —budget proposals of units involved in financial aid processing (staffing levels, workload measurements, financial support to processing activities, etc.)
- —campus and systemwide policy statements related to financial aid administration
- —flow process chart for financial aid check production
- —other available procedural documentation which relates to financial aid processing

Opinion Polls

See following sample student questionnaire developed by review personnel at the Davis campus of the University of California.

STUDENT FINANCIAL AID ADMINISTRATION

Questionnaire

Please use the enclosed card for your answers, using any soft leaded pencil.

About Yourself

1) Sex: A = Male B = Female

2) Marital Status: A = Single B = Married C = Separated/Divorced

3) Class in School: A = Freshman B = Sophomore C = Junior
D = Senior E = Grad/Prof.

4) Living location: A = On-Campus B = Off-Campus

5) Are you a transfer student: A = Yes B = No

6) How did you first hear about the availability of Financial Aid?
A = High School/Community College Counselor B = Admissions Material
C = Parents/Friends/Students D = Financial Aid Office
E = U.C.D Catalogue N = Other

7) Have you read any of the Financial Aid Office literature describing available programs?

A = No B = Yes, but it was not very helpful
C = Yes, and it was somewhat helpful D = Yes, and it was very helpful

8) For how many quarters have you received financial assistance from the Financial Aid Office?

A = 3 or less B = 4 to 6 C = 7 to 9 D = 10 to 12
E = More than 12

9) During the current academic year, how often after aid award have you had personal contact in the Financial Aid Office?

A = None B = Once a year C = Once a quarter
D = 2-3 times a quarter E = 4 or more per quarter

10) What was your major reason for going to the Financial Aid Office?

A = Advice on money management
B = Reporting a change in personal income
C = Request for Short-Term/Emergency Loan
D = Potential overaward (too much aid in view of resources)
E = Inquiries about your own award N = General Information

11) Have you received any financial counseling from the Financial Aid Office?

A = Yes B = No

12) If yes, was it helpful to you?

A = Very much so B = Somewhat C = Not at all

13) In your opinion, was the needs analysis you received from the Financial Aid Office fair?

A = Yes B = Somewhat C = No

14) Was the award you received adequate?

A = Yes B = Somewhat C = No

15) Where would you first go for help with a financial problem?

A = Parents/Friends B = Student Employment Center
C = Financial Aid Office D = Bank or other private institution
E = Academic department or School/College
N = Other campus Administrator (i.e., Chancellor, Dean of Women, etc.)

16) Which of the activities described below would appear to be the most important to the Financial Aid Office?

A = Serving student needs
B = Compliance with Administrative guidelines and procedures

17) How easy was it for you to see a Financial Aid counselor?

A = Very easy B = Fairly easy C = Some waiting
D = Difficult

18) How helpful has the Financial Aid Office been to you in dealing with your financial problems?

A = Extremely helpful B = Helpful but they could have done more
C = Somewhat helpful but could have done a lot more
D = No help at all

19) Was the Financial Aid Office staff courteous to you?

A = Yes B = Somewhat C = No

20) Have you ever requested additional aid after receipt of your initial award?

A = Yes, and granted B = Yes, and rejected C = No

21) How would you describe the requirement for supporting documentation in your application for additional aid?

A = Excessive B = Reasonable N = Not applicable

22) How do you feel about the amount of paper work required for application and continuation of financial aid?

A = Excessive in all areas B = Reasonable in all areas
C = Excessive in some areas D = Reasonable in some areas

Management Appraisal Guidelines
STUDENT HEALTH SERVICES

Objectives of the Student Health Program

Provide students with readily accessible health care which enables them, through good health, to take full advantage of their academic opportunities.

Cause students to be aware of their responsibility for their own health and that of their communities.

Background Information for the Review Team

The purposes and functions of student health services vary from institution to institution, as do the methods for financing and organizing these services. At some institutions, health services include responsibility for occupational medicine or environmental health and safety. Some institutions provide comprehensive campus health services to faculty, staff and their families. The extent of the health care program provided by the institution should be considered in setting the scope of a review of student health services, and in formulating additional guidelines for use by the review team.

Consonant with the primary mission of a campus as an institution of higher education, the student health program makes available to students a range of preventive, diagnostic and therapeutic health services. It provides both direct and referral access to the kinds of high quality medicine, surgical, dental and mental health care resources most appropriate to students' needs and financial means. This delivery of service is accomplished through the student health program itself, through other community health resources, and through student insurance coverage.

The main resources and activities of a student health program are directed, as an integral part of the educational program of the campus, toward those health concerns and conditions most frequently arising in the course of student life, and most often threatening to students' continued pursuit of personal and academic goals. Campus programs are primarily organized to meet the needs of the majority for health counseling and care on campus. These programs cannot offer total coverage for all student health conditions, or provide health care service in all convenient locations.

The purpose of a review of student health services should be to assist the institution in evaluating the effectiveness of its student health service organization and the principal resources used to meet the student health objectives cited above. The focus of a review should be on those campus responsibilities and activities which are directed (most often through several different administrative agencies) towards the health of the campus' students. It is important to view student health care as a coordinated program of activities directed at students' health protection, care and educational needs, rather than to view the function in terms of the "student health service," an administrative unit.

Part A. *Institutional Policy and Organization*

(These questions are concerned with the general integration of student health service activities within the campus structure as a whole. The questions emphasize the functions of planning, budgeting, policy formulation and execution of responsibilities as they specifically relate to student health services. The questions cover only those aspects of operational management which are not covered in the *General Management* section of the Guidelines.)

1. Does the institution have a written statement which clearly defines the basic health care to be provided to registered students and the campus objectives for student health services?

2. Are the basic student health care services provided by the campus delivered through a combination of campus and off-campus agencies? If so, are the coordination and delivery of these basic services effective and in accordance with institutional policy?

3. Has the institution developed a clear statement of the student eligibility criteria used in providing health care services? Does this statement include:

a. definition of the categories of students who are excluded from health care services (if applicable)?

b. definition of prior health conditions which exclude students from health care coverage?

c. definition of an appeal procedure for students who are denied treatment or service on the basis of the foregoing criteria?

4. Has the institution developed an adequate policy related to treatment of non-students, staff or the general public through the student health care program?

5. Does an adequate written policy exist which governs access to the medical records maintained by the institution? Is this policy consistent with federal legislation related to records access?

6. Are medical and administrative records maintained in accordance with the institution records retention program? Are these records readily available as required and as permitted by institutional and federal policy?

7. Are adequate student insurance provisions made for supplementing direct health care services?

8. Is there a written disaster plan or emergency operation procedure which clearly defines the responsibilities of the student health care service in emergencies affecting the campus?

Part B. *Functional Coordinations and Relationships*

(These questions focus on the interfaces among the various departments, campus groups and outside agencies involved in student health services.)

1. Is the student health service effectively interacting with campus units or activities which direct attention to the health and well being of students e.g., allied medical school facilities, environmental health and safety office, Human Subjects Committee?

2. Does the student health service have an adequate plan for coordination of activities with campus and local police and fire departments in the event of an emergency?

3. Does the institution have an adequate policy for ensuring that student health service communications and relationships with various individuals, groups and agencies occur within the framework of medical profession ethics?

4. Do institutional policies ensure the confidentiality of the doctor/patient relationship as set forth in the recognized tenets of the medical ethics of the American Medical Association (AMA) and the American College Health Association (ACHA)?

Part C. *Operations*

(These questions are concerned with the administration and performance of operations which provide effective student health services.)

Administration and Service

1. Are basic health care services provided to students ensured and delivered effectively at both campus and off-campus facilities?
2. Are facilities which provide health care easily accessible to students?
3. Do hours of service provided at student health care facilities meet student needs? Are these facilities adequately staffed during all hours that service is available?
4. Are student health care facilities adequately equipped to carry out the objectives of the student health program during emergencies or peak period of service?
5. Is health care equipment evaluated and replaced effectively and in a systematic manner?
6. Are medical records maintained in accordance with generally accepted professional standards?
7. Are adequate internal financial records maintained which reflect:
   a. monthly financial summaries?
   b. costs incurred by type of health care service?
   c. costs incurred by organizational component within the student health care program?
   d. comparative data within defined fiscal periods?
8. Do health service financial data provide for effective and realistic comparison of operational costs vs. health care objectives and services?
9. Are billing and collection procedures carried out in accordance with institutional policy?
10. Is adequate information provided to students about health care services available through the student health care program, eligibility criteria for treatment, hours of service and related matters?
11. Are students adequately informed about available supplemental health insurance?
12. Are students adequately informed of their rights as patients?

Student Involvement and Satisfaction

1. Are student opinions and suggestions solicited regarding the quality and effectiveness of the services provided through the student health care program?
2. Is there an adequate procedure for soliciting patient satisfaction data from students?
3. Are students adequately consulted regarding changes in services which are contemplated or are underway? Is there a procedure for student review or redress if there are disagreements as to the services needed by and provided to students?

Professional Standards

1. Are adequate standards and criteria used by the institution in selecting professional staff services on and off campus?
2. Are professional staff skills effectively maintained and upgraded to meet the students' basic needs for health care? Are adequate provisions made for in-service training, participation in professional meetings and seminars, and general staff development?
3. Does the student health service effectively ensure that its facilities, services and qualifications meet or exceed generally accepted and professional standards?
4. Does the student health service staff effectively deal with issues of professional ethics and confidentiality?

Part D. *Relations in Multi-Campus Systems*

Consult questions listed under Part D. of the *General Management* section of the Guidelines.

Part E. *Pertinent Background Data, Documents and Sample Opinion Polls*

(This part provides a listing of such items as policy references, procedural documents, workload data and activity measurements which will be helpful to the review team in conducting its appraisal. These are in addition to the items listed in Part E. of the *General Management* section of the Guidelines.)

- —institutional policy for student health services
- —campus support plan for student health services
- —campus disaster plan
- —student health program objectives and operating plan
- —audit reports, management surveys, etc. related to the student health program
- —campus policy related to access to medical records
- —informational brochures prepared for students
- —student health service activity reports
- —student health program financial reports

Sample Opinion Poll

A questionnaire for obtaining student opinions about the quality and use of student health care services was developed by the Berkeley campus of the University of California and later used at the Santa Cruz campus.

A copy may be obtained by sending a large stamped, self-addressed envelope to Research Management Improvement Project, 423 University Hall, Berkeley, CA 94720.

Management Appraisal Guidelines
UNDERGRADUATE ADMISSIONS

Objectives of the Undergraduate Admissions Program

Be responsive to the institutional academic plan and to constituent needs—students, faculty, and staff.

Notify students regarding eligibility for admission in a timely, positive and accurate manner.

Generate a level of management information which will permit achievement of institutional objectives.

Provide effective communications regarding institutional academic programs to all constituencies.

Administer appropriate academic and administrative policies so as to facilitate the educational process.

Background Information for the Review Team

The purpose of this review is to assist the institution in evaluating the performance of the undergraduate admissions function with regard to the objectives stated above. In making this evaluation, it should be remembered that, for this function to serve the campus effectively, there must be an efficient articulation among institutional, departmental, and admissions office activities. Therefore, there are questions in this section which seek to guide the review team toward attaining this perspective. While a good deal of attention will focus on the operations of the admissions office, evaluation of this office is only part of the review. It also extends to admission operations as they impact or interrelate with other segments of the institution.

Part A. *Institutional Organization, Policy and Interfaces*

(These questions are concerned with the general organization and management involved in the undergraduate admissions program in relation to the campus as a whole and interfaces between the admissions officer and line managers and other staff offices.)

1. Are all undergraduate admissions functions consolidated under a single officer responsible to the head of the institution or otherwise organized in an effective manner?
2. Does the campus through publications and other communications inform parents, students, and schools about the various aspects of the educational processes including:
   a. policies and procedures governing admission procedures?
   b. various school or college requirements?
   c. campus services and facilities?
   d. history of the institution?
3. Is there unnecessary duplication of activity relating to undergraduate admissions in the Registrar's Office, in academic departments or in schools and colleges?
4. Do offices involved in the admissions process have readily available information about it?
5. Is applicant selection conducted in a manner consistent with the guidelines for enrollment control and which can be justified to the public?
6. Does the organization structure allow the admissions officer to easily interact with the chief academic officer?

7. Is there coordination of all publications used for admissions purposes so that admission information is uniform and accurate?

8. Is there continuing coordination of all written publications containing admission information with the Admissions Office?

9. Does the admissions officer participate in the target assessment responsibility for admissions to all schools and colleges of the institution?

10. With regard to the admissions part of the student information system, are offices which are part of the undergraduate admissions process or which have information needs from the process adequately involved in system planning and development? Does budgetary and administrative support required for such things as input-output, inquiry and updating capability receive adequate recognition?

11. Is there effective coordination between undergraduate and graduate admissions programs and are all undergraduate programs coordinated, e.g., readmission, summer session and special programs?

12. Are the needs of special categories of applicants recognized and treated e.g., EOP and special action applicants?

13. Do other offices or departments providing support for the student, academic and research processes cooperate effectively in the admissions process? For example, does the campus have an effective and responsive communication structure among such elements as accounting, registrar, relations with schools, business office, bookstore, cashier, loan collection, parking, planning, deans or provosts of schools and colleges, housing and food services, student affairs, counseling services, economic opportunity program, financial aids, student employment, and health service?

14. Does the physical location of the Admissions Office encourage frequent communications with key interface activities, e.g., accounting, cashier, loan collections, housing, and provosts' offices?

15. Is the flow of admissions information data of such a nature that it provides accurate and timely management information to the central administration of the institution?

16. Is there an effective working relationship between the Admissions Office and Student Financial Aids Office e.g., are such problems avoided as awarding aid to persons not admitted as students?

Part B. *Operations*

(This part includes questions mainly concerned with the administration and performance of the tasks involved in providing effective undergraduate admission services to the institution.)

1. Are there provisions for adequate security of academic admission credentials and regular disposition of records?

2. From the applicant's point of view, is the Admissions Office characterized by reasonable accessibility and responsiveness to individual needs and problems?

3. Is there a procedure in the evaluation of credentials service which allows the identification of problems, so that students can be handled on an individual basis?

4. Are there audit procedures in the admissions process to check the level of accuracy and reliability of the decision to admit or defer?

5. Does the staff in the Admissions Office appear to have a good working relationship with secondary and postsecondary institutions in the immediate geographic area?

6. Are advanced standing applicants, before their acceptance decision, informed regarding which of their transfer credits will be recognized toward the degree?

7. Are there effective and timely grievance procedures available to an applicant?

Part C. *Relations in Multi-Campus Systems*

(This part includes questions peculiar to multi-campus systems. They are concerned with systemwide policies and procedures and their implementation at campuses and with relations between the systemwide office and campuses.)

1. Is the campus program of relations with schools and colleges coordinated effectively with the general systemwide policy provisions?

2. Are the systemwide policies and procedures for enrollment control followed for referral of applicants to another campus in the system?

3. Is the referral process effected immediately so that students will know with a minimum amount of wait what disposition is being made of their applications?

4. Is the referral process coordinated with receiving campuses so that students gain the impression from the process that they are welcome at the receiving campus?

Part D. *Pertinent Background Data and Documents*

(This is a listing of such items as policy references, procedural documents, workload data and measurements, and performance indicators which may be helpful to the review team in conducting the appraisal. These are in addition to the items listed under Part E. of the *General Management* Guidelines section.)

1. Copies of the documented campus flow procedures describing the admission process.

2. Copy of the guidelines for enrollment control.

BIBLIOGRAPHY

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Bingham, J.E., and Davies, G.W.P. *A Handbook of Systems Analysis*. New York: Halsted Press, 1973.

Bowen, Howard, Ed. *Evaluating Institutions for Accountability*. San Francisco: Jossey-Bass, 1974.

Campbell, J.P.; Bownas, D.A.; Peterson, N.C.; and Dunette, M.D. *The Measurement of Organizational Effectiveness: A Review of Related Research and Opinion*. San Diego: Navy Research and Development Center, 1974.

Carnegie Commission on Higher Education. *The More Effective Use of Resources: An Imperative for Higher Education*. Highstown, N.J.: McGraw-Hill Book Co., 1972.

Churchman, C.W. *The Systems Approach*. New York: Dell Publishing Co., 1968.

Eifler, Thomas A. *Performing the Operations Audit*. American Management Associations Extension Institute, 1974.

Ernst and Ernst. *Guidelines for Self-Evaluation of Administrative Management Practices in Institutions of Higher Education*. Study Paper #7. Coordinating Board-Texas College and University System, 1969.

Etzioni, Amitai. "Alternative Conceptions of Accountability: The Example of Health Administration." *Public Administration Review* Vol. 35, No. 3, (1975): 279-86.

Fisher, Gene H. *Cost Considerations in Systems Analysis*. New York: Elsevier, 1971.

Greenwood, William T. *Business Policy: A Management Audit Approach*. New York: MacMillan, 1967.

Hinrichs, Harley H., and Taylor, Graeme M. *Program Budgeting and Benefit Cost Analysis: Cases, Text and Readings*. Pacific Palisades: Goodyear, 1969.

Hodgkinson, Harold L.; Hurst, Julie; and Levine, Howard. *Improving and Assessing Performance: Evaluation in Higher Education*. Berkeley: University of California Press, Center for Research and Development in Higher Education, 1975.

Hostrop, Richard W. *Managing Education for Results*. Homewood, Ill.: ETC Publications, 1973.

Koontz, Harold. "Making Managerial Appraisal Effective." *California Management Review* 15, No. 2, (1972): 46-55.

Lahti, Robert E. *Innovative College Management: Implementing Proven Organizational Practice*. San Francisco: Jossey-Bass, 1973.

Lazzaro, Victor, Ed. *Systems and Procedures: A Handbook for Business and Industry*. 2nd ed. Englewood Cliffs: Prentice-Hall, 1968.

Lee, Eugene C., and Bowen, Frank M. *The Multicampus University: A Study of Academic Governance*. New York: McGraw-Hill Book Co., 1971.

Lessinger, Leon, et al. *Accountability: Systems Planning in Education.* Homewood, Ill.: ETC Publications, 1973.

Lindberg, Roy A. and Cohn, Theodore. *Operations Auditing.* American Management Association, 1972.

Margulies, Newton, and Raia, Anthony P. *Organizational Development: Values, Process and Technology.* New York: McGraw-Hill Book Co., 1972.

Miller, James L., Jr. "Coordination Versus Centralized Control." *The Expanded Campus: Current Issues in Higher Education.* Dyckman W. Vermilye, ed. San Francisco: Jossey-Bass, 1972.

Morrissey, George L. *Appraisal and Development through Objectives and Results.* Reading, Mass.: Addison-Wesley, 1972.

Odiorne, George S. *Management by Objectives: A System of Managerial Leadership.* New York: Pitman, 1965.

Odiorne, George S. *Management Decisions by Objectives.* Englewood Cliffs: Prentice-Hall, 1969.

Perkins, James A., ed. *The University as an Organization.* A Report for the Carnegie Commission on Higher Education. San Francisco: McGraw-Hill Book Co., 1973.

Raia, Anthony P. *Managing by Objectives.* Glenview, Ill.: Scott, Foresman and Company, 1974.

Rourke, Francis E., and Brooks, Glenn E. *The Management Revolution in Higher Education.* Baltimore: John Hopkins Press, 1966.

Rudwick, Bernard H. *Systems Analysis for Effective Planning: Principles and Cases.* New York: John Wiley, 1969.

Sawyer, Lawrence B. *The Practice of Modern Internal Auditing.* Institute for Internal Auditors, 1973.

Weiss, Carol H. *Evaluation Research: Methods for Assessing Program Effectiveness.* Englewood Cliffs: Prentice-Hall, 1972.